

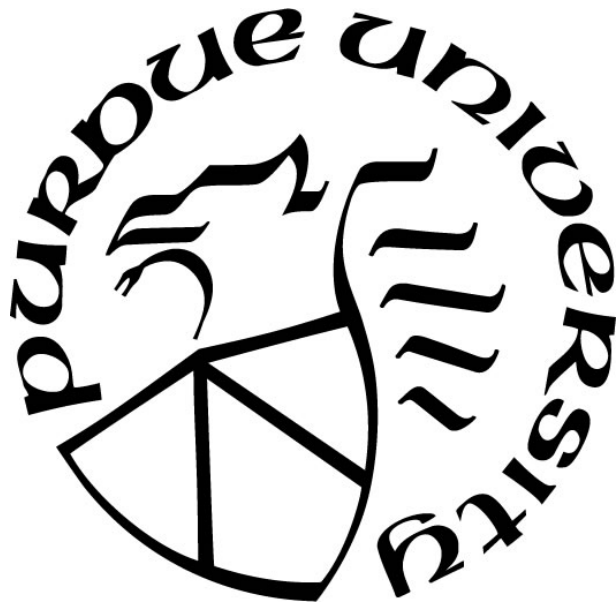
**RE-SPECIFYING ADOLESCENT NON-NORMATIVE ROLE BEHAVIOR  
EXPERIENCES WITH MILITARY DEPLOYMENT**

by  
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*To those who carried me when I only saw one set of footprints in the sand.*

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## ABSTRACT

The ideal that youth carry out roles and responsibilities in their families appears age old. There are some family socio-cultural contexts that are said to destabilize the patterns of interactions that govern a family system, engendering an inappropriate overlap in sub-systems creating opportunities for youth to perform caregiving activities traditionally meant for other members of the family unit (Minuchin, 1974). Youths' caregiving activities in these contexts are called non-normative role behaviors and are generally depicted as neglectful, or maladaptive (Macfie, Brumariu, & Lyons-Ruth, 2015). However, such broad generalizations raise important questions. For example, what defines each type of non-normative role behavior? Do different types of caregiving behaviors differentially influence caregiver wellbeing? Is it possible that the "inherent" negative associations of non-normative role behaviors may in part depend on what youth themselves perceive to be unfair caregiving experience? Using self-reports from 83 military connected youths, the results of the present study challenge convention, suggesting first that the best fitting model for youth's non-normative caregiving behaviors includes three distinct behaviors: Parentification, Adultification, Role Reversal. Second, that while non-normative caregiving behaviors may be associated with youths' socio-emotional well-being, how these behaviors are associated may depend on both the behavior and the outcome. Lastly, that Unfairness significantly moderates the association between youth's non-normative caregiving behavior types and socio-emotional wellbeing. Implications and directions for future research on youths' non-normative caregiving experiences and types of non-normative caregiving behaviors are considered.

*Keywords:* Adultification, Parentification, Role Reversal, Non-Normative Behaviors.



## INTRODUCTION

Families are the cornerstone of socialization. As an institution, the family unit scaffolds social roles and responsibilities. Parents for example, perform various roles and responsibilities in support of their children and households which are typically required by law. While caregiving youth may serve an important role in family functioning; there is less clarity, however, about the extent to which youths caregiving activities may align with “normative expectations” for youth’s behaviors, how youths’ performance of these activities may be associated with their socio-emotional wellbeing, and subsequently how youths’ own perceptions of unfairness about their caregiving experiences may influence these associations.

The idea that youths’ performance of roles and responsibilities may vary across family socio-cultural contexts is straightforward (Minuchin, 1974). For example, researchers who examine young caregivers from the lens of industrialized cultures suggest that youth have provided care to their families throughout history (Arnett, 2004; Cox & Paley, 1997; Folkman, 2013; Hooper, 2007; Oliver, 1991). Youth often perform adultlike roles and responsibilities for two reasons: first, to increase youth’s independence and adaptability within society once they leave their family of origin and/or second, to contribute to the systematic functioning and wellbeing of their family of origin (Fuligni, 2019; White, Klein, & Martin, 2015). The adultlike roles and responsibilities, or chores, that youth perform in these contexts are said to be part of normal development and frequently associated with positive long-term effects like character building and competency as youth learn new skills and gain independence (Longest & Shanahan, 2007; McMahon & Luthar, 2007; Staff, Schulenberg, & Bachman, 2010). In fact, the notion that children grow up to become adolescents who are productive members of their household, community, and

larger society is an ideal to which many parents and educators have, throughout history, aspired (Arnett, 2004; Cox & Paley, 1997; Folkman, 2013; Hooper, 2007; Oliver, 1991).

An assumption implicit to this research on young caregivers is that expectations of youth behavior are established by the majority culture. An unintended consequence of this assumption is that youth caregiving behaviors that do not conform to these expectations are often considered non-normative, atypical, or “out of sync” with expectations for youth behavior. Together these suppositions can cast a negative light on the ways conventionally “non-normative” behavior may be instrumental or even normative in “minority” socio-cultural contexts. For example, for US immigrant youth, serving as translators for their parents when ordering at a restaurant, or conveying medical diagnoses may be normative. However, it is considered "out of sync" with social cultural expectations for youth behaviors in westernized societies for youth to be involved in the medical specificities of their parents (Burton, 2007; Hooper, L'Abate, Sweeney, Giancesini, & Jankowski, 2014). Youth caregiving behavior in this example highlights the instrumental ways in which youth may contribute to their families less because of “typical” developmental growth and more from necessity (Benson & Elder, 2011; Elder, 2018; Greenberger & Steinberg, 1986; Schwartz, Cote, & Arnett, 2005; Stryker & Serpe, 1994). Necessity which is sometimes ascribed to parental ineptitude, unavailability, and/or absence.

Even when operating under the previous assumption, wherein youth expectations for caregiving are defined by the majority culture; lack of consistency and clarity in the conceptualization of youths’ non-normative caregiving behaviors themselves can be another barrier to examining youths’ caregiving experiences. To illustrate, consider first that chores, which align with normative [US] expectations for youth behavior, are colloquially defined as the regular or daily light work *in support of a household or farm* and non-normative caregiving behaviors

include but are not limited to the expressive (e.g. conflict mediator) and instrumental (e.g. managing household finances) adult responsibilities *that support or maintain a household*.

With these definitions in mind, consider babysitting and the caregiving behaviors of babysitters. Conventionally, babysitting is one of the first employment experiences for teenagers. The Encyclopedia of Children's Health defines a babysitter as someone who supplies occasional childcare for a few hours at a time. Kawata (2010) similarly describes babysitting as a less formal arrangement for either regular or occasional temporary childcare; restricted to activities that involve giving "full attention and care" to the child. Babysitting, then, can be delineated as a service wherein someone other than parents provides the instrumental and expressive caregiving to children typically expected of the parents for a few hours at a time for the purpose of providing parents an opportunity to "give themselves time off from parenting... time away from home is enjoyable only when parents are secure in knowing that their child is cared for" (The Encyclopedia of Children's Health).

Drawing parallels to babysitting, death in childbirth, large families, and heavy workloads in 19th century America all but required the use of older children as surrogate parents to younger children (Pollack, 2002). Alike the experiences of US immigrant youth, the instrumental role of young caregivers dating back to 19<sup>th</sup> century America challenge modern convention, normative, or romanticized notions that childhood and adolescence are periods of time that function in a state of dependency whose sole goal is societal entrance. It may be that majority expectations for youth caregiving behaviors are in part the result of discontinuity between the actual and perceived roles that youth play within the family system. Youth in immigrant families, for example, are often characterized as having the quality and quantity of responsibilities related to daily family functioning that are, according to majority convention, more like those of adults (Burton, 2007).

These caregiving activities often include sibling caretaking wherein older children supervise and socialize younger children according to family roles, expectations, and obligation prescribed by a given socio-cultural context (Hafford, 2010; Schildkrout, 1973). Similarly, in economically disadvantaged families, youth may perform roles akin to “parenting” one’s siblings (Burton, 2007).

While babysitting is a prevalent phenomenon, specification by family socio-cultural context challenges normative conceptualizations for what, why, and how older youth may provide care to younger youth (Kawata, 2010). Additionally, caregiving behaviors performed by youth in family socio-cultural contexts presumed to depend on, or have a cultural proclivity for, youth’s performance or management of adultlike responsibilities have been overwhelmingly presumed to be maladaptive, stressful or even traumatic for youth, especially when combined with other obligations like school, athletics, or volunteer work (Begun, Hodge, & Early, 2017; Brooks, Hair, & Zaslow, 2001; Burton, 2007; Hooper, 2007; Macfie et al., 2015; McCubbin & Figley, 2014).

Parentification, Adultification, and Role Reversal (Chase, 1999; Jurkovic, Jesse, & Goglia, 1991; Richter, 1969) are the broadest empirical conceptualizations of the non-normative caregiving behaviors performed by youth in these socio-cultural contexts. However, Parentification, Adultification, and Role Reversal, too are often inconsistently applied to the non-normative roles and responsibilities that youth may perform, as well as the situations that promote them. Referring to a form of child neglect, the term Parentification was first coined to describe situations where a child takes on an expressive caregiving or support role toward a parent, usually when those needs are not being met by a spouse or partner (Boszormenyi-Nagy & Spark, 1973; Chase, 1999; Jurkovic, 1998; Leon & Rudy, 2005). The same term also was used to refer to situations when parents cede functional power to the child or wherein are parents physically and/or

psychological absent from the family system (Minuchin et al., 1967). In a similar vein, the term Role Reversal was first used to describe physically abusive parents who saw their children as critical and powerful parent figures rather than dependent on their care (Morris & Gould, 1963). Clinical researchers have used both Role Reversal and Adulthood to describe situations where youth are exposed to adult knowledge regarding, for example, the financial stability of the family or instability of the parents' marriage and assume adultlike responsibilities within the family (Burton, 2007).

The negatively charged conceptualizations frequently used to examine youth non-normative caregiving behaviors may also be implying that maladaptation is inevitable. However, in addition to conceptual inconsistencies, there are also questions about the consequences of performing non-normative roles and responsibilities. Researchers examining youth caregiving behaviors in immigrant families' socio-cultural contexts postulate that while sibling caretaking may sometimes be at odds with western expectations for youths' normative behaviors (English, 1993, Zielewski, Malm, & Geen, 2006); there are possibilities for positive experiences for both the caretaker and the care recipient (Hafford, 2010; Korbin, 2002). Further, youth can be competent social actors in their family systems (Bluebond-Langer & Korbin, 2007; Corsaro, 2017; Hafford, 2010). Although youth may sometimes perform labor in support of their families as a function of parental ineptitude, unavailability and/or absence, these behaviors may serve important purposes within the family system. Whilst youths' caregiving behaviors may be subjectively "out of sync" with normative expectations for youth's behavior (Burton, 2007). The association between youth's caregiving behavior, often dependent on the context in which families are delegating and navigating roles, boundaries, and relationships; and youths' socio-emotional wellbeing is not necessarily negative.

Parental military service is known to have profound effects on families (IOM, 2013; MacDermid Wadsworth, 2010). Parental military service commonly imposes periods of prolonged, though temporary, parental unavailability and absence, which can create demands for adolescents to perform non-normative roles and responsibilities (Bradshaw, Sudhinaraset, Mmari, & Blum, 2010; Hooper, DeCoster, White, & Voltz, 2011; Lester & Bursch, 2011; Milburn & Lightfoot, 2013; Riggs & Riggs, 2011). Given general social approval for military sanctioned parental unavailability and absence (IOM, 2013; Rodriguez, & Margolin, 2015) the demands imposed by parental military service may foster unique opportunities for youth to gain personal satisfaction and value from helping and caring for others (Hooper, Moore, & Smith, 2014), even when roles and responsibilities are non-normative (Burton, 2007; Reed, Bell, & Edwards, 2011; Lester & Bursch, 2011). However, more research is needed to explore the consequences for youths' caregiving behavior.

The association between non-normative caregiving behaviors youth perform and their socio-emotional wellbeing may depend in important ways on their meaning within the family system, specifically whether or not youth perceive their caregiving contexts to be unfair. Research has not yet fully addressed the role that perceived unfairness may play in the context of youth non-normative caregiving behaviors. Examining youth caregiving behaviors in a military family context shifts focus from individual children to children in context and may be especially illustrative.

Using an analytic sample of 83 military-connected youth, whose military family connection uniquely positioned them at the nexus of military, National Guard, and civilian socio-cultural contexts, the present study addressed three perceived gaps in the literature on youth's caregiving contributions in their families of origins. First, the present study re-specified

conceptualizations of youth non-normative caregiving behaviors including Parentification, Adultification, or Role Reversal into a unifying approach to examining youth's caregiving behaviors. Second, the study examined the direct relationship between each type of non-normative caregiving behavior and youths' socio-emotional wellbeing, defined here by global self-worth and social competence, in theoretically expected ways. Lastly, the study examined the extent to which Unfairness influences the strength or direction of the relationship between each non-normative caregiving behavior and youths' socio-emotional wellbeing,

# **LITERATURE REVIEW**

## **Non-Normative Caregiving Behaviors**

Conceptualizations most often used to describe youth's performance of non-normative caregiving behaviors including Parentification, Role reversal, and Adultification, are applied inconsistently across literatures. This section will illustrate that inconsistency by exploring the history of how, and when conceptualization of non-normative caregiving behaviors has been applied to youth's performance of expressive and instrumental caregiving behaviors.

One of the earliest conceptualizations of youths' non-normative caregiving behaviors involved youth and parents performing the roles and/or responsibilities normally expected of the other party. The term 'Role Reversal' was first used in the 1960's to describe situations where [abusive] parents saw their children not as being dependent on them but rather as servants to their own needs ((Macfie, Brumariu, & Lyons-Ruth, 2015; Morris & Gould, 1963). In some instances, parents went so far as to impose corporal punishment in response for lack of due diligence (Macfie, Brumariu, & Lyons-Ruth, 2015; Morris & Gould, 1963). Role Reversal in this context corresponded to the idea that youth owed their parents for every filial duty (Spinetta & Rigler, 1972). In the 1980's, the conceptualization of Role Reversal expanded to include youth who purposefully took on expressive and social responsibilities normally expected or performed by parents (Bowlby, 1988; Main, Kaplan, & Cassidy, 1985). More recent conceptualization of Role Reversal capitalized on the behavioral transformations between the parent and the child, rather than simply the cognitive evaluations about the person performing the roles and responsibilities proposed earlier by Morris and Gould (1963). For example, Role Reversal is said to occur when youth perform expressive caregiving behavior in which youth may act as the primary provider of support (e.g. seeking reassurance) and affection to the parent (Lopez, 1995; Mayseless,



Bartholomew, Henderson, & Trinke, 2004).

First introduced by family systems theorists to describe situations where parents give up executive functioning of instrumental caregiving responsibilities to the child explicitly or implicitly through the physical absence, psychologically unavailability and/or physical unavailability (Minuchin et al., 1967; p. 223), Parentification is described as a type of Role Reversal characterized by inadequate boundaries between the roles and responsibilities expected of parents or guardians and those expected of youth (Hooper, 2007; Jurkovic, 1997). Caregiving youth who are “Parentified” may take on adultlike roles and responsibilities in an effort to accommodate instability or disfunction within the family system (Hooper, 2007; Jurkovic, 1997). In a meta-analysis examining the size of the relation between childhood Parentification and adult psychopathology, twelve independent studies conducted between 1984 and 2010 suggested that when youth join the parental subsystem and contribute to the decision-making processes of the family unit, they are “Parentified” (Hooper et al., 2011). Parentified youth may also serve an expressive function within the family system where they engage in emotional caregiving behaviors to support other members of the household like siblings (Hooper et al., 2011). Taken together, Parentification is a shift in normative expectations of functioning between parents and children, where children assume performance of “developmentally inappropriate” levels of expressive responsibility within the family (Boszormenyi-Nagy & Spark, 1973; Hooper & Wallace, 2009; Hooper et al., 2012a). Conceptualizations of Parentification have also included Spousification (see Sroufe & Ward, 1980), Little Parent (see Bying-Hall, 2008), Role Reversal (see Macife et al., 2008) and Adultification (Burton, 2007) indicating that these different terms have been used to represent the same construct (Hooper & Wallace, 2009).

The newest conceptualization used to describe situations in which youth and parental

responsibilities shift is called Adultification. Burton (2007) who conducted 30 ethnographies with participants from lower socio-economic statuses, first conceptualized Adultification has occurred when parents or guardians, through informational exposure, engage youth in their own roles and responsibilities. Burton (2007) contended that a consequence of having such adult knowledge is the expectation for the performance of instrumental responsibilities like being responsible for the physical care of some member of the family as a parent would or other instrumental caregiving behaviors in support of the family unit to include employment to supplement to family finances.

### **Caregiving Roles and Responsibilities**

Caregiving tasks defined in two broad categories of instrumental and emotional or expressive caregiving, can begin the moment a person awakens and continue until the moment they go to sleep. Basic care tasks that everyone is expected to master, such as getting dressed and undressed, feeding oneself, and brushing teeth are all characterized as activities of daily living (Bauman et al. 2006; Kavanaugh, 2014). Activities of daily living or personal care tasks are *instrumental* to daily functioning and often support higher level skills that are required to not only take care of oneself, but to live independently (Guo, 2019). With regard to caregiving, *instrumental caregiving* tasks are frequently characterized as experiences of direct assistance [to another party] to include providing transportation, meal preparation, doing laundry, cleaning, managing money and performing light or heavy housework (Jurkovic, Thirkield, & Morrell, 2001b; Kavanaugh, 2014; Slopen, Chen, Priest, Albert, & Williams, 2016). Alternatively, emotional caregiving is characterized by companionship activities (Bauman et al. 2006; Siskowski 2006) or more explicit emotional care and support where a child may be a parent's confidante (Bauman et al. 2006; Jurkovic, Thirkield, & Morrell, 2001b; Keigher et al. 2005).

For youth who perform instrumental and/or emotional caregiving activities, the

terminology used to describe their behavior is less consistent and at times, displays significant conceptual overlap (Chase, 1999; Jurkovic et al., 1991). For example, Adulthood has been termed as Parentification or as a subcategory of instrumental caregiving for Parentification depending on the research setting (Hooper & Wallace, 2009; Jurkovic 1998; Kerig, 2005) and Parentification is conceptualized as part of, a successor to, or an example of Role Reversal depending on the era or field in question. Descriptively, while Burton (2007) who coined the term “Adulthood”, specifies in part that non-normative behavior plays an instrumental role in family systems; she and others have also suggested that instrumental roles may be founded on expressive role behaviors, like when youth feel as if family members are always bringing them their problems. Still other perspectives distinguish instrumental and emotional caregiving as separate sides of the same coin; where instrumental Parentification for example, would be a child taking on additional household tasks and performing specific functions that the absent or unavailable parent might have taken care of previously, such as taking out the trash or babysitting; and emotional Parentification would refer to the remaining parent using the child inappropriately for emotional support (Jurkovic, Thirkield, & Morrell, 2001b).

Variations in nomenclature across studies of normative youth caregiving (see Kavanaugh, Stamatopoulos, Cohen, & Zhang, 2016), mean that, “currently, no general consensus exists for the operational definition of young caregivers... (Shifren & Chong, 2012 p. 113).” Furthermore, conceptual irregularities may unintentionally limit empirical examinations of youth non-normative caregiving experiences (East, 2010; Hooper, 2013; Mayseless & Scharf, 2009; Telzer & Fuligni, 2009). Understanding the nuances of each type of non-normative caregiving behavior, that is Adulthood, Parentification, and Role Reversal, may provide a clearer path toward understanding the effects of such non-normative caregiving behaviors on youth. Specifically, clear

conceptualizations about varying types of non-normative caregiving behaviors may allow clinicians and researchers to consider both the severity and breadth of systemic embeddedness.

For the purposes of this study, I made the following distinctions to apply the most consistent conceptualizations of youths' non-normative caregiving behaviors. First, Parentification and Adultification are a *shift of responsibilities* (Jurkovic, 1997; Hooper, 2007; 2011), while Role Reversal may more closely resemble a *shift of roles* (Fullinwider-Bush & Jacobvitz, 1993). Consistent with the literature, both types of shifts may occur in family socio-cultural contexts where parents are inept, unavailable, or absent. Second and more specifically, Role Reversal occurs when youth take on a parental role where they perform a variety of compensatory expressive and instrumental caregiving behaviors in support of the family unit. Parentification occurs when youth become backseat or support drivers to the parents, performing *predominantly expressive caregiving behaviors* in support of the family unit. Adultification occurs when youth become backseat or support drivers to the parents performing *predominantly instrumental caregiving behaviors* in support of the family unit.

### **Framework and Guiding Theory**

Sometimes family contexts may create opportunities from which the role and/or responsibilities performed by parents shift to youth. Family Systems Theory (Minuchin, 1974) is useful in examining these shifts and the phenomenon of youth's participation of non-normative caregiving behaviors (Garber, 2011; Hooper, 2007; Kerig, 2005; Marotta, 2003). Four key principles of Family Systems Theory (i.e. equilibrium, subsystems, transformation, and variety) aid in understanding how families' socio-cultural context might influence interactions between family needs and family behavior, such as the performance of non-normative caregiving behaviors.

Family systems tend to strive to achieve continuity and stability, such that when transitions occur, families typically respond with efforts to restore those patterns. This is the principle of *equilibrium* (Paley, Lester, & Mogil, 2013). The efforts to promote or restore the equilibrium can be observed in conscious or unconscious exchanges between members of a *subsystem(s)*, such as a parent-child dyad, in support of the entire family unit (Minuchin, 1985). Despite conceptual inconsistencies, the principles of *equilibrium and subsystem(s)* can be clearly observed in broad characterizations of environments that may promote youths' performance of non-normative caregiving behaviors; for example, those family sociocultural contexts which foster parental unavailability or absence. In these sociocultural contexts a "transaction" occurs between those who forfeit their adultlike role responsibilities and those who take them on (Mayseless & Scharf, 2009; Minuchin, 1974).

The transaction between the expectation and experiences of the parent-child dyad with regard to non-normative caregiving behaviors most often includes some event(s) that influence the family unit's *equilibrium* and fundamentally fosters parental unavailability and absence, initiating changes for other members of the family unit. Consider the influence of chronic illness on a family system with regard to youth non-normative caregiving behaviors. In HIV-affected families, the complexity of treatment environments can be taxing on parental availability. Youth whose mothers were HIV-positive were more likely to report taking on non-normative roles and responsibilities like parenting siblings and parenting parents at higher rates than youth of HIV-negative mothers (Tompkins, 2007). The association between parental unavailability in HIV-positive families and youths increased caregiving or adultlike roles and responsibilities even after controlling for the effects of drug use, number of adults per child in the household, and marital status (Tompkins, 2007).

Given that we cannot prescribe families to experience with chronic illness, economic disenfranchisement, or divorce for example, military family contexts may provide a useful alternative example. The scope and activities of military operations have been increasing over time (Figley & Everson, 2011, Hall, 2011, Willerton et al., 2011), producing an increasing number of individuals who are actively supporting military operations while also supporting families with children (Gilreath et al., 2013, Huebner et al., 2010, Lester & Bursch, 2011). Of particular importance is the idea that the normative expectations for military life held by military personnel, to include stress, adversity, and trauma associated with preparation for and execution of military duty assignments and deployment (Hooper, Moore, & Smith, 2014; Palmer, 2008), may influence the financial, informational, and/or emotional burden that military partners and children experience (Dekel & Monson, 2010; Esposito-Smythers et al., 2011, Lester & Bursch, 2011, Willerton et al., 2011). There may also be broader concerns about the physical absence of the service member and/or the ambiguity of their presence (Hooper, Moore, & Smith, 2014). With regard to youths' non-normative caregiving behaviors, the two types of concerns discussed above may overlap with each other, but also may affect youth well-being in distinct ways.

*Variety* is the last principle of family systems theory germane to the present study. This principle refers to resources that a family system may use to *transform* their *subsystems* to establish or re-establish *equilibrium* (Minuchin, 1985). For example, youth may perform different types of non-normative caregiving behaviors (e.g. Adultification, Parentification, Role reversal) which serve different functional purposes (i.e. instrumental and expressive caregiving; Aldridge & Becker, 2003; Dam & Hall, 2016) for family systems, particularly in the context of parental unavailability and/or absence.

## **Non-Normative Caregiving Behaviors and Youth Outcomes**

To varying degrees, when parental unavailability and/or absence permeate a family system, youth are more likely to experience non-normative caregiving behaviors (Burton, 2007; Sang, Cederbaum, & Hurlburt, 2014; Ungar, 2015). These youth – young caregivers - have complex reactions, with both positive and negative consequences, to their “non-normative” caregiving experiences (Byng-Hall, 2008; Earley & Cushway, 2002; East, 2010; Hooper, 2007b; Hooper et al., 2008; Jankowski et al., 2013). For example, Minuchin (1974) describes the non-normative caregiving behavior Parentification as normal, -- especially in single-parent, large, or impoverished families – but also as problematic. Hooper and colleagues (2014) suggest that the non-normative caregiving behavior Parentification can be problematic when families rely [inappropriately] on internal resources to maintain stability within the family system. For example, when the instability of the father-mother system seeks an internal third party, like a child to perform roles and responsibilities conventional relegated to adults like being the referee and/or peacekeeper to maintain some semblance of stability (Hooper et al., 2014). On one hand, the ability to recognize and attend to the needs of family members is a prosocial and adaptive skill. On the other hand, the nature of the responsibilities or the roles that youth perform may be overwhelming and maladaptive.

### **Negative youth outcomes**

Youths’ performance of non-normative caregiving behaviors may create systematic deficiencies, increasing conflict and decreasing cohesion within family systems (Garber, 2011; Portes & Rumbaut, 2001; Puig, 2002; Trickett, & Jones, 2007). Evidence from a variety of socio-cultural contexts --family systems in which youth have parents who are disabled, ill with AIDS or other disorders, alcoholic, workaholic, divorced, or depressed (Aldridge & Becker, 2003; Burnett,

Jones, Bliwise, & Ross, 2006; Locke & Newcomb, 2004) --overwhelmingly suggest that for individuals, performing non-normative caregiving behaviors increases susceptibility to a variety of negative consequences. These may include poor academic performance (Aldridge, 2006; Burton, 2007; Siskowski, 2006; Warren, 2007), difficulty with social interactions (Early, Cushway, & Cassidy, 2006), increased psychopathology (Cicchetti, 2004; Cohen, Greene, Toyinbo, & Siskowski, 2012; Hooper et al., 2008; Nebbitt & Lombe, 2010), low self-esteem, and compromised identity development (Aldridge 2006; Cree, 2003; Jurkovic, 1997; Valteau, Bergner, & Horton, 1995).

When parent-child roles are reversed, youths' own needs for parental guidance and support may go unnoticed (Fullinwider-Bush & Jacobvitz, 1993; Macfie, McElwain, Houts, & Cox, 2005). For example, researchers examining socio-cultural contexts where families were experiencing financial or marital instability suggest that engaging in adult responsibilities prematurely can pose developmental disadvantages resulting from role conflict and subsequent loss of opportunities (Burton, 2007; Johnston, Walters & Olesen, 2005; Peris & Emery, 2005). Jurkovic and colleagues (2001) further stipulate that while it might be necessary and acceptable for children to help out in the household and provide functional support, it is inappropriate and damaging for children to provide emotional support to their parents. Seminal works have gone so far as to argue that Parentification which may negatively impact self-efficacy and global self-worth in childhood, resulting in poorer social competence (Chase, 1999; Jurkovic, Morrell, & Casey, 2001a; Robinson, 1999; West & Keller, 1991), constitutes neglect for youth in family contexts that might promote parental unavailability or absence (Hooper, 2007). In these cases, youth may exhibit decreased social competence in their inability to form positive or close relationships in addition to feeling overwhelmed (Hooper, Marotta, & Lanthier, 2008; Kavanaugh, 2014).



## **Positive youth outcomes**

Some clinicians and researchers have recognized that positive outcomes may also result from youths' performance of non-normative caregiving behaviors. At the family level for example, researchers have long suggested ways in which youths' non-normative caregiving behaviors may be systematically beneficial, serving important, structural purposes in certain circumstances within certain populations (Godsall, Jurkovic, Emshoff, Anderson, & Stanwyck, 2004; Orellana, Dorner, & Pulido, 2003; Orellana, Thorne, Chee, & Lam, 2001; Van Loon, Van de Ven, Van Doesum, Hosman, & Witteman, 2017). The performance of non-normative role behaviors may also help socialize youth about fundamental family goals and values (Brown, 2004; Peterson & Bush, 2013; Weisner, 2001; Weiss, 1979). Weiss (1979) reframed Parentification as a characteristic of "early maturity," a notion later supported by Walker and Lee (1998), who suggested that the Parentification experience prompted acceleration in the individuation process rather than inhibiting it. Burton (2007) suggested this maturity or [non-normative] socialization was a direct result of youth "seeing their roles as mattering to family survival," (p. 336) and experiencing an increase in overall self-esteem.

Partaking in some degree of household roles and responsibilities, may also be a critical way for youth to develop autonomy, independence, and empathy, providing a smoother transition into the workforce and increasing self-determination (Chase-Lansdale, Wakschlag, & Brooks-Gunn, 1995; Goodnow & Lawrence, 2001; Zill & Peterson, 1982). These associations, between non-normative caregiving and socio-emotional wellbeing, may be especially true when youth feel support and validation (Byng-Hall, 2008). Qualitative studies provide support to this idea suggesting that youth may sometimes describe performing adultlike roles and responsibilities as "hard, but gratifying" (Gates & Lackey, 1998; Hunt, Levine, & Naiditch, 2005) wherein young caregivers develop a positive sense of self (Aldridge & Becker, 1996). The positive aftereffects

of performing adultlike roles and responsibilities may stem at least in part from feelings of appreciation (Hunt, Levine, & Naiditch, 2005) or may be related at least in part to the feelings of obligation that young caregivers have for their care recipients (Beach, 1997). Ethnographic work on sibling caregiving behaviors shows that under persistent economic disadvantage, youths' performance of family care activities, which under economic stability may not have been performed to the same extent (Burton, 2007), may increase social competence and global self-worth (Rabain-Jamin, Maynard, & Greenfield, 2003; Zukow-Goldring, 2002).

The nuances of socio-cultural contexts and the association between youth's non-normative caregiving activities and their socio-emotional wellbeing expressed in qualitative studies suggests that tendency to focus on negative effects in quantitative studies may not provide a clear understanding of youths' non-normative caregiving behaviors. Further that, more attention should be given to the circumstances in which non-normative caregiving behaviors may be adaptive to or positive for youth (Barnett & Parker, 1998; Jurkovic 1997). In a military context, where youth are exposed to knowledge about the immediate and lasting dangers of war (Esposito-Smythers et al., 2011) and are culturally expected to help provide care within the family system (Cozza & Guimond, 2011), the idea that non-normative caregiving is positively associated with socio-emotional wellbeing becomes readily apparent.

## **Factors influencing youth socio-emotional wellbeing**

### ***Demographic characteristics***

A large proportion of the samples acquired for studies of non-normative caregiving behaviors, specifically Parentification, suggest that performance of non-normative caregiving behaviors is highest among older (Barnett & Parker, 1998; Burton, 2007; Cree, 2003; Lackie 1983) and female children (Burton, 2007; Barnett & Parker, 1998; Cree, 2003; Goglia, Jurkovic, Burt, &

Burge-Callaway, 1992; Jurkovic, 1997; Mayseless, Bartholomew, Henderson, & Trinke, 2004). As such, both age and gender were controlled in the present study.

### ***Differential influence of caregiving behaviors***

Researchers in clinical research settings historically suggest that Parentification, a maladaptive solution to family instability, appears to be the most detrimental to youths' socio-emotional wellbeing (Boszormenyi-Nagy & Spark, 1973; Chase, 1999; Minuchin et al., 1967). Though it may also be the case that youth's emotional caregiving behaviors may increase anxiety or depression, but also increase feelings of efficacy. Emotionally parentified youth have been found to suffer deleterious effects including excessive worry and anxiety (Chase 2001; Jacobvitz & Bush, 1996), depression (Katz, Petracca, & Rabinowitz, 2009), ambivalence about dependency (Wells & Jones, 1998), shame (Wells & Jones, 2000), and internalized emotional distress (Stein, Riedel, & Rotheram-Borus, 1999). Others have proposed that Role Reversal, where parents seek intimacy or emotional care from youth in their care, instead of from a significant other, may be the most detrimental because of interruptions to the child's socio-emotional development that may significantly influence one's level of self-esteem (Jacobvitz & Bush, 1996).

Role reversal and Parentification both share characteristics related to the performance of emotional caregiving activities. As such, when youth's non-normative caregiving behavior are "the most detrimental" may be related to the specific behavior type; that is whether youth are performing emotional caregiving activities, absent of or in addition to instrumental caregiving behavior; however more research is need to explicitly examine this distinction. Nonetheless, there does appear to be evidence that youth suffer more as a result of some degree of expressive or emotional caregiving behaviors (i.e., being mom's shoulder to cry on) than from instrumental caregiving behaviors (i.e., babysitting) (Chase, Deming, & Wells, 1998). As such, while

conceptualizations of youth non-normative behavior may often be compound, the differential influence of different types of non-normative caregiving on the association between non-normative caregiving and youths' socio-emotional wellbeing is an important empirical consideration (Jankowski, Hooper, Sandage, & Hannah, 2013).

### ***Family socio-cultural context***

Dating back to 1994 (see McLanahan & Sandefur, 1994; Hooper et al., 2012b; Telzer & Fuligni, 2009) there are compelling reasons why youths' non-normative caregiving experiences may be different for those in different racial and ethnic groups (East, 2010; Hooper, Tomek, Bond, & Reif, 2015; Telzer & Fuligni, 2009). For example, family solidarity and instrumental commitment to the family unit and community are values emphasized within Asian traditions (Juang & Cookston, 2009; Leu, Schroth, Obradovic, & Cruz, 2012). Latino/a cultures similarly emphasize traditional gender roles and lifelong respect for and support to elders (Kuperminc, Jurkovic, & Casey, 2009). These are just two examples where youths' performance of instrumental and emotional roles and responsibilities may appear both normative (e.g. shopping for food, cooking meals) and non-normative (e.g. getting a part-time job, and assisting with the care of other family members) depending on what socio-cultural context serves as a comparison group (Caplan, Choy, & Whitmore, 1991; Harrison & Albanese, 2012).

As a foundation, the idea that youths' performance of roles and responsibilities may vary across cultures is straightforward (Minuchin, 1974). However, broad cross-cultural comparisons (e.g. White middle class vs. other) may not be the most efficient way to understand youths' caregiving experiences because youths' behaviors are often dependent on the context in which families are delegating and navigating roles, boundaries, and relationships. These family contexts likely differ within socio-cultural contexts and to a greater extent between socio-cultural contexts.

Further, the research that expands beyond middle-class industrialized cultures is limited at best. Youths' caregiving behaviors may reflect expectations of the specific sociocultural context in which families are embedded. To the extent that a culture "includes a language, a code of manners, norms of behavior, belief systems, dress, and rituals" (Hall, 2011 (p. 22); Swidler, 1986) narrowing the scope to consider youths caregiving within the socio-cultural context of the family system may be elucidative. That is, what is non-normative is relative to the broad societal and cultural norms communicated to youth through more immediate experiences like the family. For example, it is often considered "out of sync" with social cultural expectations for youth in westernized societies to be involved in the medical specificities of their parents (Burton, 2007). It is youth's performance of the latter which may be perceived as normal that are considered non-normative by western cultural standards (Burton, 2007; Hooper, L'Abate, Sweeney, Giancesini, & Jankowski, 2014).

#### *Parental unavailability and/or absence*

In varying degrees, family members are shaped by the opportunities and constraints of their social structures and cultural experiences. For youth, the major changes that occur during adolescence, such as pubertal development and school transitions (Albert, Chein, & Steinberg, 2013) may also include the absence of a parent or caregiver. For some, the absence, death, or abdication of a caregiver involves role acquisition or reversal where youth have decided that they should or are made to take over the role of their missing caregiver.

While there is a small quantity of work which suggests that partaking in some degree of household roles and responsibilities is, in general, positively associated with youth's socio-emotional wellbeing. When caregiving behaviors are performed less because of "typical" developmental growth and more out of necessity that is in family contexts characterized by parental absence, unavailability, or ineptitude, the caregiving activities performed by youth are

most often considered negatively associated with youth's socio-emotional wellbeing. However, I surmise that how youth rationalize the parental absence and/or unavailability, may be inherently linked to this presumption of maladaptation.

The United States military, for example, is a distinct culture characterized by cultural, religious, and ethnic diversity (Fenell, 2008; Hall, 2011) facing many of the same concerns as families coping with divorce and parental illness, such as (1) separations and reunions; (2) a goal orientation that provokes changes to family structure and functioning like roles and responsibilities, (3) which may at times feel rigid or regimented as with treatment or visitation schedules; (4) ambiguous loss associated with pre-perturbation functioning and (5) systematic restrictions or benefits imposed by an employer (Hall, 2016). Military families often actively function in the context of parental unavailability and absence whilst, in some capacity, regularly confronting all the aforementioned stressors. Guided by a focus on 'mission first,' the goal orientated belief system of the military complex often overshadows or shapes the goals and missions of individual family systems (Bowen & Martin, 2011; Hooper, Moore, & Smith, 2014; Warchal, West, Graham, Gerke, & Warchal, 2011).

For military family members specifically, changes to or perceptions about family roles and responsibilities may be burdensome (Esposito-Smythers et al., 2011; Lester & Bursch, 2011; Willerton, Wadsworth, & Riggs, 2011). Dependent youth, youth who fall under the military benefits of their sponsor, a parent or guardian serving in the U.S. military, face the challenges of military life (Milburn & Lightfoot, 2013) but are not exempt from the usual milestones of adolescence (Compas, Hinden, & Gerhardt, 1995; Petersen, Kennedy, & Sullivan, 1991; Simmons, 2017). As such dependent youth are a unique group almost pre-destined to experience non-

normative caregiving behaviors as operationalized by Western colloquial expectations for youths' caregiving behaviors.

Parental experiences during military service may be especially consequential for National Guard and Reserve component families whose collective goal orientation are, in the most general sense markedly different from their active duty military and civilian counterparts (Chandra et al., 2011; Esposito-Smythers et al., 2011). The American militaries enduring purpose for example is to serve the American people; to protect national interests against all enemies foreign and domestic. The United States National Guard works at home and abroad to protect the public at large from hazardous situations like natural disasters, riots, or war all at a moment's notice.

Although families do not exist in socio-cultural vacuums; they may emulate convention, particular given the constraints of a given socio-cultural context. Families' access to individual and community level support, for example, depends in part on the component of the armed forces in which they serve and their duty status. In contrast to active component service members, who perform military duties as their full-time job and have regular access to the highest caliber military and civilian support services. National Guard service members spend most of their time working in civilian jobs; performing military duties only when they are "called up" or activated. The sometimes-hasty social transition from being a civilian family to a "suddenly military family" in anticipation of a military related parental absence like deployment, operates as an inflection point for individual wellbeing and family functioning (Lemmon & Chartrand, 2009). Being uniquely strained by characteristically fewer social support services, generally having fewer connections to other military families or communities, and for whom wartime deployments are traditionally uncharacteristic (Faber et al., 2008; Huebner et al., 2010; Lemmon & Chartrand, 2009; MacDermid Wadsworth, 2010), youth connected to the National Guard are in theory, at the nexus

of “conventional” family experiences of families in Active Military, National Guard, and civilian socio-cultural contexts. Primed to perform (i.e. military) and not perform (i.e. civilian) non-normative caregiving behaviors in support of their families functioning while both willfully accepting (i.e. military) and presumably challenging (i.e. civilian) their caregiving experiences; the non-normative caregiving experiences of youth in National Guard families may be especially salient.

To conclude, youth’s performance of non-normative caregiving behaviors, specifically Parentification, is historically seen as the pathological result of a failure in the parental subsystem that left long-standing imbalances within the family system (Minuchin, Montalvo, Guerney, Roman, & Schumer, 1967; Boszormenyi-Nagy & Spark, 1973). The literature has generally continued along this same line, suggesting that family contexts characterized by parental unavailability or absence, where youth fulfill roles and responsibilities to maintain family functioning (e.g. non-normative caregiving behavior) appears to be detrimental to youths’ socio-emotional wellbeing (Hooper, 2007; Macfie et al., 2015; Minuchin, 1974). Acknowledging that youth may seem precociously mature or simply close to their parents (Macfie et al., 2015); presenting as particularly helpful and empathic (Romer, Barkmann, Schulte-Markwort, Thomalla, & Riedesser, 2002; Thastum, Johansen, Gubba, Olesen, & Romer, 2008). However, the exploration of Parentification has also led several researchers to conclude that for certain youth in certain socio-cultural contexts there may be advantages to non-normative caregiving behavioral life experience (Chase, 2001; Hooper, Marotta, & Lanthier, 2008).

The lack of consensus, even about the depth of caregiving experiences related to a specific type of non-normative caregiving as previously illustrated, suggests room for discourse about the nature of non-normative caregiving types themselves, as well as how youths non-normative



caregiving experience may be associated with youths socio-emotional wellbeing. The nature of these experiences, whether the caregiving experiences are positively or negatively associated with later wellbeing, may be specifically related to whether youth perceive their roles and responsibilities as unfair. In socio-cultural environments “inherently primed” for youth’s non-normative caregiving, understanding the strength and/or direction of the association between non-normative caregiving and socio-emotional wellbeing may help clarify thresholds for both the burden and benefit of caregiving for youth which may better equip education, medical, and family systems to support young carers.

In these ways, understanding unfairness may inform programs and frontline practices for all families.

### ***Unfairness***

In socio-cultural contexts where there is an overly burdensome and ambiguous parental role, youth [and the family system] incur the expectations and responsibilities of the parental position to balance the family system (Hooper, 2007a, 2007b). The argument by the largest camp of researchers suggests that non-normative caregiving behaviors promote an interruption to the normal development of a child (Wells & Jones, 1998); such that deficient or maladaptive socio-emotional functioning is a result of the lengths youth go to meet the demands placed upon them (Bellow, Boris, Larrieu, Lewis, & Elliot, 2005). A smaller camp supports the premise that personal assessments may offer new input into the family system. Suggesting that the context from which youths performance of adult-like roles and responsibilities are performed in addition to youths perceptions that their caregiving experiences are unjust, one-sided, or inequitable within the family system may be more indicative of poorer family functioning and increased

individual risk than the actual performance of [most] adultlike of roles and responsibilities. In this way, perceived unfairness may provide a good measure of whether the caregiving behaviors are maladaptive or not, regardless of the nature of the activity.

While examination of these elements is beyond the scope of the present study, it is important to note that the mechanisms that promote and sustain youth caregiving behavior in either camp may become recursive. Parents may rely on youth in their care for validation or assistance, often mistaking the [child's] normative need for acceptance and/or fear of rejection as “super-mature insight” wherein youth appear to be functioning or functioning well [until they are not] (Garber, 2011; Hooper, Doehler, Jankowski, & Tomek, 2012). In this way, adults may value youth for the needs they meet and the services they provide (Friedman, Hechter, & Kanazawa, 1994; Hoffman, Thornton, & Manis, 1978; Schoen, Kim, Nathanson, Fields, & Astone, 1997).

In examining the role of Unfairness, marriage and family therapy researchers, Wells and Jones (2000) found that the non-normative caregiving behavior Parentification contributed to shame-proneness and suggested that youth's inability to meet the unrealistic expectations of parents may cause this feeling. Qualitative research on young caregivers with parents absent or unavailable for medical reasons, reveal that young caregivers may experience emotional distress in not only performing adultlike caregiving activities but also in feeling like their performance of caregiving behaviors went unseen by others (Keenan, Miedzybrodzka, Teijlingen, McKee, & Simpson, 2007; Kavanaugh, 2014; Williams, Ayres, Specht, Sparbel, & Klimek, 2009). Retrospective studies by Dial, et al. (2014) reveal that even when recalled in adulthood, association between youth's non-normative caregiving behaviors and well-being may have been influenced by unfairness. Specifically, participants reported feelings of loss in the context of their youth non-

normative caregiving experiences related to the relationship with their absent parent and missing out on the “fun” associated with being young (Dial et al., 2014).

Of the studies that have explicitly examined unfairness as it relates in some capacity to non-normative caregiving behavior; the study designs include adults. The results are still meaningful in illustrating the role of Unfairness in the context of non-normative caregiving. Using a sample of 143 racially diverse college students to evaluate the psychometric properties and psychopathology correlates of the Parentification questionnaire, Hooper, and Wallace (2010) found that perceived unfairness was positively correlated with somatic symptomatology, depression, and anxiety. In their examination of Parentification, psychopathology, differentiation of self and the mediating role of perceived unfairness, Jankowski and colleagues (2013) found significant indirect effects for the mediating role of unfairness specifically, in the association between Parentification and psychopathology, and between Parentification and differentiation of self in a sample of 783 college students.

In concluding their study, Jankowski, and colleagues (2013) suggested that because the non-normative behavior of Parentification changes over time, the role that unfairness may have on the association between youth’s performance of adultlike roles and responsibilities and socio-emotional wellbeing may also change. Thus, if the roles and responsibilities are going to change by both happenstance and family transitions, the extent to which non-normative role behaviors are perceived as unjust by youth may more accurately influence the strength rather than explain the association between non-normative role behaviors and socio-emotional wellbeing. That being said, little is known about the mechanisms that account for the variability in non-normative caregiving experiences of youth (Sang, Cederbaum, & Hurlburt, 2014) and both camps maintain that there is more to be understood about caregiving youth and their caregiving experiences. Specifically, how

might being a young caregiver differ by family context, what adultlike roles and responsibilities are young caregivers performing, how might these caregiving activities be differentially associated with youths' socio-emotional wellbeing, and what role does perceived unfairness play in youths' caregiving experiences.

## **PURPOSE OF THE PRESENT STUDY**

The three purposes of the present study were to classify youths' non-normative caregiving contributions into readily distinguishable types, to examine the extent to which types of non-normative caregiving behaviors were associated with youth socio-emotional wellbeing; and to employ youths own "voice" in the issues affecting their lives as it relates to the fairness of their caregiving experiences. I divided these purposes into three specific aims:

Aim 1: Examine the factor structure of a model of non-normative caregiving behavior that distinguishes among three types of non-normative caregiving as well as unfairness

Aim 2: Examine the direct relationship between each type of non-normative caregiving and youths' socio-emotional wellbeing, defined here by global self-worth and social competence.

Aim 3: Examine the extent to which Unfairness influences the strength or direction of the relationship between each non-normative caregiving behavior and youths' socio-emotional wellbeing,

### **Hypotheses**

#### **Aim 1**

Classifications of youths' non-normative caregiving behaviors are in part attributable to measurement tools, specifically, popular instruments such as the Parentification Questionnaire (Sessions & Jurkovic, 1986) and the Parentification Scale (Mika, et al., 1987). The Filial Responsibility Scale – Adult (FRS-A) was developed as a refined Parentification Questionnaire by Jurkovic, Thirkield, and Morrell (2001b) and the Parentification Inventory created by Hooper, Doehler, Wallace, and Hannah (2011) purportedly measured the single non-normative caregiving behavior type Parentification, even though it has been applied to a variety of non-normative caregiving behaviors including Adultification, and Role Reversal (Burton, 2007; Hooper & Wallace, 2009; Jurkovic, 1997).

Unifying critiques from the clinical and research literature regarding the efficacy of these measurement tools (Chase, et al., 1998; Earley & Cushway, 2002; Hooper & Wallace, 2010), I hypothesized that the primary indicators of these same instruments (i.e. instrumental caregiving, emotional caregiving, and unfairness) could be repurposed to support the a priori specification, rather than post-hoc generalization, of three discrete types of youths' non-normative caregiving behaviors: Parentification, Adultification, and Role Reversal, as well as Unfairness. [Hypothesis 1].

## **Aim 2**

While the literature first suggested that Parentification appears to be most detrimental to youths' socio-emotional wellbeing (Boszormenyi-Nagy & Spark, 1973; Chase, 1999; Minuchin et al., 1967), the present consensus is that it may be the performance of emotional caregiving behaviors that are uniquely associated with lower socio-emotional wellbeing.

Consistent with this literature, I hypothesized that Parentification [Hypothesis 2], where youth perform *predominantly expressive caregiving behaviors* in support of the family unit, and Role Reversal [Hypothesis 3], which occurs when youth take on a parental role where they perform a variety of compensatory expressive and instrumental caregiving behaviors in support of the family unit would be negatively associated with later wellbeing. Furthermore, research has long suggested that instrumental caregiving behaviors that youth perform may be beneficial for both the family system and individual youth (Bowen & Martin, 2011; Boszormenyi-Nagy & Spark, 1973; Hooper et al., 2014). This may be especially true in family cultural contexts that have a proclivity toward youths' caregiving behaviors. As such, I hypothesized that Adultification [Hypothesis 4] which occurs when youth performing *predominantly instrumental caregiving behaviors* in support of the family unit. would be positively associated with later wellbeing.

### **Aim 3**

The final purpose of the present study was to employ youths own “voice” in the issues affecting their lives as related to their caregiving experiences. Specifically, I postulated that youths’ perceptions of unfairness, the degree to youth perceive a lack of equality or justice in their caregiving experiences, would moderate the relationship between the non-normative caregiving behaviors they perform and their socio-emotional wellbeing [Hypothesis 5].

## **Methods**

### **Data source**

Self-report data from the Family Journeys Project was used for this study. The purpose of the Family Journeys Project was to better understand the experiences of National Guard families throughout a deployment cycle. With permission from military leaders, families were recruited through mailings, pre-deployment briefings, and Family Readiness groups. Eligible participants were National Guard members preparing for a deployment who were at least 18 years old and living with a significant other. For participants who had children, the two eldest children aged 9-18 who lived in the home of the service member and significant other on at least a half-time basis were invited to participate in the interview process.

Data was collected during six structured interviews by trained interviewers before, during, and after a scheduled deployment (Figure 1). Individual in-person interviews, which lasted 60-90 minutes, were conducted approximately 1-16 weeks before the scheduled deployment, approximately two and seven months after the scheduled deployment was set to begin, and approximately three, seven, and eleven months after the service member was set to return home from deployment. Pre-interview surveys were completed prior to in-person interviews for waves II through VI. Each participant group (i.e. service members, significant others, children) was

interviewed in accordance with their own protocol (e.g. deployed service members did not interview during deployment and children were interviewed beginning at Wave II).

To decrease the likelihood of attrition, participants were contacted between interviews to inform them about work in progress related to the study and maintain rapport (see Dillman et al., 2009 for recruitment/retention strategies for research in the social sciences). Participants were compensated with \$30 to \$45, at later waves earning up to \$45 per interview. Eligible dependent youth were compensated with a \$30 check at each point of participation. A small token of appreciation (e.g., water bottle, a coffee mug, picture frame, first aid kit, family movie night baskets, and challenge coin) was left with the family at the conclusion of the interview for recruitment and retention purposes. A different gift was given at each wave of data collection.

### **Cancelled Deployment**

The Family Journeys protocol was amended to accommodate the abrupt cancellation of a deployment impacting 1/3 of the sample. In anticipation of deployment, families may have begun deployment preparations including specialized trainings that may temporarily separate the service member from the family unit, relocations to be nearer to extended family or military supports [in the service members absence], or parental absence and/or unavailability as a function of parental job changes or adjustments to parental work arrangements (Esposito-Smythers et al., 2011; Willerton et al., 2011). Experiences like financial instability, parental unavailability and absence, and family stress are conditions of the family system that can lead to performance of non-normative caregiving behaviors. For these reasons, youth whose service member parent experienced a cancelled deployment were retained in the sample.



## Participants

Data comprised of self-reported responses from 83 youth from waves II and IV of the larger Family Journeys study (Figure 1) were used in the present study. Participants were the oldest child between the age of 9 and 18, living with the service member at least half time. In three instances, the research protocol allowed participants to be included in the study whose ages fell outside this age range. These participants were retained in the analyses.

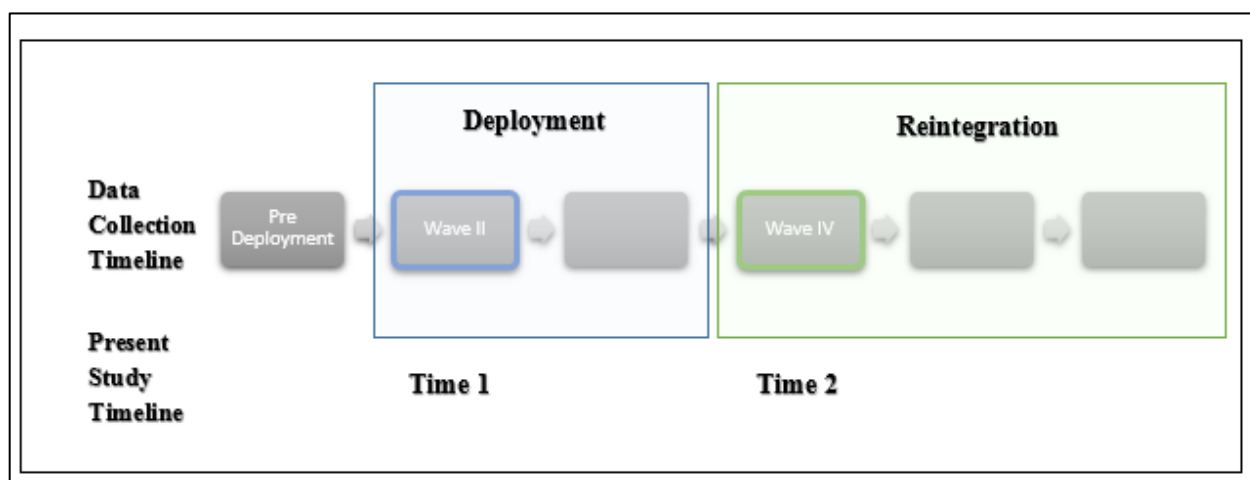


Figure 1. Timeline of Data Collection for Dependent Youth.

Dependent youth participated in two interviews; Time 1 (Wave II) during deployment and Time 2 (Wave IV) during reintegration post-deployment. Dependent youth whose service members experienced a cancelled deployment participated in interviews at time intervals similar to those youths whose parents deployed.

On average, participants were white non-Hispanic (62.70 %) males (54.20 %) 12 years old (SD = 2.86 years). The military parent of the participants was, on average, male (93.1 %) involved in a heterosexual relationship for 10.14 years (SD = 6.47) with approximately three children though most often only two children – including the participant – were reported living in the home on at least a half-time basis. On average, the military parent reported having experienced at least one post 9-11 combat deployment (66.7%) in 3-7 years of military service (M = 2.79, SD = 1.37).

Service members also reported their rank between E4-E6 (54.3 %. SD = 1.00) with an annual salary between \$27,151.20 and \$40,258.80 on average.

## **Measures**

### ***Youths' non-normative caregiving behavior***

Common forms of measuring non-normative caregiving behaviors include self-reports from college students (Hooper, Marotta, & Lanthier, 2008; Hooper, Wallace, Doehler, & Dantzler, 2012; Jankowski, Hooper, Sandage, & Hannah, 2013) or observational studies focused on pathological parenting behaviors one could observe (Burkett 1991; Jacobvitz, Morgan, Kretchmar, & Morgan, 1991). Popular instruments include the Parentification Questionnaire (PQ; Sessions & Jurkovic, 1986) and the Parentification Scale (PS; Mika, et al., 1987), the Filial Responsibility Scale – Adult (FRS-A) developed as a refined PQ by Jurkovic, Thirkield, and Morrell (2001b) and the Parentification Inventory created by Hooper, Doehler, Wallace, and Hannah (2011). Given the small pool of measurement tools, critiques and discussions of their efficacy have been common (Chase, et al., 1998; Earley & Cushway, 2002; Hooper & Wallace, 2010). One of those critiques is that few studies have focused on reports of non-normative caregiving behaviors by youth themselves. Further, popular instruments are said to “have flaws that are necessary to capture the complexities of non-normative caregiving behaviors as outlined by Boszormenyi-Nagy and Spark (1973),” (Earley & Cushway, 2002, p.173).

The present study addressed these critiques by using youth as an individual unit of analysis to report on their family dynamics and caregiving behaviors, and by exploring the inter-related nuances of different caregiving behaviors rather than a single caregiving behavior.

The present study used Jurkovic and Thirkield's (1999) Filial Responsibility Scale-Adult ( $\alpha = .85$ ) to assess youths' non-normative caregiving behaviors. The FRS-A, a widely used measure

developed from a pool of 123 indicators, asked adult respondents to reflect on both childhood experiences and current experiences with their families of origin regarding instances of Instrumental Caregiving, Expressive Caregiving, and Unfairness (Jurkovic & Thirkield, 1999). Through item analysis, the FRS-A was reduced to 30 items (10 items / subscale). Using a sample of 143 racially diverse college students, Hooper and Wallace (2010) examined the psychometric properties of the FRS-A (Jurkovic & Thirkield, 1999; Jurkovic, Thirkield, & Morrell, 2001b); finding support for a model using 21 out of the original 30 items that cohered into three unique, replicable factors: (1) perceived instrumental caregiving, (2) expressive caregiving, and (3) unfairness. The present study used 14 of the 21 indicators identified by Hooper and Wallace (2009), plus 5 additional indicators, for a total of 19 indicators to examine youths' non-normative caregiving behaviors. Seven indicators from the study (Hooper & Wallace, 2010) which presented with the lowest factor loadings were excluded from the Family Journeys study. Five indicators were added to the Family journeys study to reflect frequent experiences of youth participants, "in your house you rarely do the cooking", as well as the sense of duty and obligation characteristic of military culture, "even when your family does not need your help, you feel very responsible for them."

Items associated with instrumental caregiving included, for example, "You often do the family's laundry" and "I was rarely asked to look after my siblings". Items associated with emotional caregiving included "You are the only one your parents can turn to" and "I often felt more like an adult than a child in my family." Items associated with the perceived fairness scale included "Your parents are very helpful when you have a problem" and "In my family I often gave more than I received." Items were rated on a 5-point Likert scale ranging from 1 (Strongly disagree) and 5 (strongly agree). Negatively worded indicators, "You are rarely asked to look out

for your siblings” for example, were reverse-coded so that a higher score would indicate greater Adultification, Parentification, Role reversal, and Unfairness.

To thoroughly examine Aim 1, I assessed the previously examined three-factor solution (Hooper & Wallace, 2010) and a four-factor solution constructed based on my theory- and evidence-driven assessment of the literature [Hypothesis 1]. The three-factor solution was analyzed in the present sample using a total of 14 items (Hooper & Wallace, 2010). These same items were then repurposed based on prior evidence and theory into a four-factor solution that included three distinct non-normative caregiving types and unfairness.

In the four-factor model, items associated with Adultification, characterized by situations where youth perform instrumental responsibilities, included “I often do the family’s laundry” and “In your house you rarely do the cooking.” Items associated with Parentification, conceptualized by expressive caregiving behaviors included, “It seems like family members are always bringing me their problems” and “I often felt caught in the middle of my parents’ conflicts.” Items associated with Role reversal, conceptualized as caregiving behaviors pertaining to the role itself wherein youth have responsibility to provide care or supervision to or for another person included, “I was rarely asked to look after my siblings” and “Even when your family does not need your help, you feel very responsible for them.” Lastly, items associated with Unfairness, conceptualized as the perceived lack of equality or justice in ones caregiving experience included “In your family, you often give more than you receive” and “It is hard sometimes to keep up in school because of your responsibilities at home”. A full list of indicators including the 21-item three-factor solution (Hooper & Wallace, 2010), the 14-item three factor solution based on Hooper and Wallace (2010), and the 19-item four factor solution are provided in Table 1

Table 1. Non-Normative Indicators as Specified by the Conventional Three-Factor Model and Hypothesized Four-Factor Model.

Note: Three-Factor Model is based off Hooper & Wallace, 2009 evaluation of PQ factor Structure

Indicators		Factor Specifications								Indicator Name
Hooper & Wallace, 2009	Present Study	Hooper & Wallace, 2009			Present Study					
		Instrumental Parentification	Emotional Parentification	Unfairness	Unfairness	Adultification	Parentification	Role Reversal		
I was rarely asked to look after my siblings	I was rarely asked to look after my siblings	X						X		YBeh13_RV
I helped my brothers or sisters a lot with their homework	You help your brothers and sisters a lot with their homework	X				X				YBeh2
I was frequently responsible for the physical care of some member of my family (e.g., washing, feeding, or dressing him or her)	You are frequently responsible for the physical care of some member of my family (e.g., washing, feeding, or dressing him or her)	X				X				YBeh4
I often did the family's laundry	You often do the family's laundry	X				X				YBeh8
It seemed like family members were always bringing me their problems	It seems like family members are always bringing me their problems		X				X			YBeh7
At times I felt I was the only one my mother or father could turn to	You are the only one your parents can turn to		X				X			YBeh1
I helped manage my family's financial affairs (e.g., making decisions about purchases or paying bills)	You help manage your family's financial affairs (e.g., making decisions about purchases or paying bills)		X					X		YBeh18

Table 1 continued

Members of my family understood me pretty well	Members of your family understood you pretty well	X	X		<i>YBeh15_RV</i>
My parents were very helpful when I had a problem	Your parents are very helpful when you have a problem	X	X		<i>YBeh9_RV</i>
It often seemed that my feelings weren't taken into account in my family	It often seems that your feelings aren't taken into account in my family	X	X		YBeh5
I often felt let down by members of my family	You often felt let down by members of your family	X	X		YBeh6
I often felt caught in the middle of my parents' conflicts	You often feel caught in the middle of your parents' conflicts	X	X		YBeh17
My parents often tried to get me to take their sides in conflicts	Your parents often try to get you to take their side in conflicts	X	X	X	YBeh11
My parents often criticized my efforts to help out at home	Your parents often criticized your efforts to help out at home	X	X		YBeh16
My parents expected me to help discipline my siblings	-				-
In my family I often made sacrifices that went unnoticed	-				-
I often felt like a referee in my family	-				-
I did a lot of the shopping (e.g., for groceries or clothes) for my family	-				-

Table 1 continued

I often felt that my family could not get along without me			-				-	
For some reason it was hard for me to trust my parents			-				-	
Even though my parents meant well, I could not really depend on them to meet my needs			-				-	
-	In your house you rarely do the cooking					X	<i>YBeh10_RV</i>	
-	Even when your family does not need your help, you feel very responsible for them						X	YBeh12
-	Sometimes it seems that you are more responsible than your parents are						X	YBeh14
-	In your family, you often give more than you receive					X		YBeh19
-	It is hard sometimes to keep up in school because of your responsibilities at home					X		YBeh20
Total Indicators				21	19			

Note: Italicized indicator names indicate that the variables was reverse coded

### ***Socio-emotional wellbeing***

Socio-emotional wellbeing was measured via two constructs: global self-worth and social competence using the self-perception profile for dependent youth (9-13 yrs.) and adolescents (14-19 yrs.) (Harter, 2012;  $\alpha = .80 - .87$ ). Global self-worth is defined colloquial as self-esteem and by Harter (2012) as “how much one likes oneself as a person, is happy with the way one is leading one’s life, and is generally happy with the way one is, as a human being (p. 4)”. Social competence was designed to measure general attributes of the self that determined social success (Harter, 2012). While similar, Global Self-Worth constitutes a general perception of the self without referring to specific competencies and Social Competence involves domain-specific judgments about one’s sense of adequacy in specific arenas of one’s life (Harter, 2012).

An example of *The Self-Perception Profile* (Harter, 2012) for adolescents is depicted in Table 2. Each construct included 5 items assessed using a structured alternative format where participants are asked to first decide which kind of kid he or she is most like, and then whether the description on the side he/she chose is “Really True for Me” or Sort of True for Me.” Each item was scored using a four-point scale from 1 to 4, where a score of 1 indicated the lowest perceived competence or adequacy, and a score of 4 reflected the highest level of competence or adequacy. Negatively worded indicators, “Some teenagers know how to make classmates like them BUT other teenagers don’t know how to make classmates like them.” for example, were reverse-coded so that a higher score would indicate greater competency. Slight difference between the child and adolescent profile were linguistic in nature for example “Some kids find it hard to make friends...” vs. “Some teenagers find it hard to make friends...”.



Table 2. Example of The Self-Perception Profile Indicators (Harter, 2012).

What I Am Like						
Really True for me [1]	Sort of True for me [2]				Sort of True for me [3]	Really True for me [4]
Social Competence						
		Some teenagers find it hard to make friends	BUT	Other teenagers find it pretty easy to make friends		
		Some teenagers know how to make classmates like them	BUT	Other teenagers don't know how to make classmates like them.		
		Some teenagers don't have the social skills to make friends	BUT	Other teenagers do have the social skills to make friends.		
		Some teenagers understand how to get peers to accept them	BUT	Other teenagers don't understand how to get peers to accept them.		
		Some teenagers know how to become popular	BUT	Other teenagers do not know how to become popular.		
Global Self-Worth						
		Some teenagers are often disappointed with themselves	BUT	Other teenagers are pretty pleased with themselves.		
		Some teenagers don't like the way they are leading their life	BUT	Other teenagers do like the way they are leading their life.		
		Some teenagers are happy with themselves most of the time	BUT	Other teenagers are often not happy with themselves.		
		Some teenagers like the kind of person they are	BUT	Other teenagers often wish they were someone else		
		Some teenagers are very happy being the way they are	BUT	Other teenagers often wish they were different.		

### ***Demographic controls***

The influence of the youths' age at deployment as well as gender and the deployment experience itself were investigated as possible controls in the present study. Table 3 depicts the correlations between the demographic control variables and factors scores for each independent, dependent, and moderating variable. Covariates were examined in each model independently and as a group. Preliminary analyses revealed that the observed effects reported in the present study did not differ when covariates were included or excluded in the models. To preserve power, youths' age at deployment, gender, and the deployment experience itself were not included as controls in the reported analyses (Shadish, Cook, & Campbell, 2002). Future research should

revisit the role of demographic controls independently for each non-normative caregiving behavior.

Table 3. Correlations of Demographic Characteristics and Factor Scores of Primary Study Variables (N = 83)

	Gender	Recent Deployment Experience	Age	SC	GSW	UNFAIR	PARENTIF	ADULTIF	ROLER
Gender									
Recent Deployment Experience	.130								
Age	-.116	.136							
Social Competence [SC]	.032	-.151	.114						
Global Self-Worth [GSW]	-.143	-.098	.022	.485**					
Unfairness [Unfair]	.115	.139	-.054	-.293*	-.367**				
Parentification [Parentif]	.118	.134	-.063	-.294*	-.369**	.999**			
Adultification [Adultif]	.239*	.105	.006	-.232	-.295*	.786**	.786**		
Role Reversal [RoleR]	.130	.152	-.013	-.285*	-.356**	.986**	.979**	.837**	

*Note:* The content of the indicators are in Table 1. \*\*. Correlation is significant at the 0.01 level (2-tailed). \*. Correlation is significant at the 0.05 level (2-tailed).

## Data Analysis

Both confirmatory factor analyses (CFA) and structural equation models were used to assess the study aims. To examine the hypothesized factor structure for non-normative caregiving behavior [Aim 1] two CFAs were estimated. The first model, Model 1, was a three-factor model consistent with convention (Hooper & Wallace, 2009) and the second Model 2, was hypothesized four factor model of three types of non-normative caregiving behavior and Unfairness.

Model 1 was an unconditional three-factor model measuring unfairness (UNFAIR), emotional caregiving (EMOT), and instrumental caregiving (INST). Model 2 was an unconditional four-factor model measuring unfairness (UNFAIR), Parentification (PARENTIF), Adultification (ADULTIF), and Role Reversal (ROLER). The non-nested measurement models contained no double-loading indicators and all measurement errors were presumed to be uncorrelated. The latent constructs were also permitted to correlate.

To analyze the direct relationships between each type of non-normative caregiving behavior (Adultification, Parentification, and Role Reversal) and scores for global self-worth and social competence subscales of *The Self-perception Profile* (Harter, 2012) [Aim 2], and the moderating role of unfairness [Aim 3], twelve structural equation models were estimated in total – one per outcome per caregiving behavior type per aim.

The following considerations informed the analytic strategy for the present study. I used a confirmatory approach because support for the foundational components of youths' non-normative caregiving behavior, that is, instrumental caregiving and emotional caregiving has been both identified and verified (Hooper, Doehler, Wallace, & Hannah, 2011; Jurkovic, Thirkield, & Morrell, 2001; Mika, et al., 1987; Sessions & Jurkovic, 1986).

For Aim 1 and Aim 2, weighted least square mean and variance adjusted (WLSMV) estimators were used to allow for the evaluation of whether the models provide adequate fit to the

data. Furthermore, as a robust estimator, WLSMV provides best option for modelling categorical data particularly when they may not be normally distributed (Brown, 2015). For Aim 3, MLR was used to estimate the linear regression between the independent and dependent variables using maximum likelihood estimation with robust standard errors which allow for non-normally distributed outcomes. MLR is required to estimate interactions between latent variables. MPlus (8 ed., Múthen, & Múthen, 1998-2018) was used for all modeling.

Moderation was chosen because few, if any, studies have examined unfairness as a moderator in an adolescent sample. As such, a foundational step is understand how as opposed to why perceived unfairness may influence the strength or direction of the relationship between non-normative caregiving behavior and socio-emotional wellbeing (global self-worth and social competence).

### **Evaluating Goodness of Fit**

Goodness of fit was evaluated using five indices: Chi-squared test ( $\chi^2$ ), the Root mean square error of approximation (RMSEA), the standardized-root-mean-square-residual (SRMR), the comparative fit index (CFI), and the Tucker-Lewis index (TLI). Multiple indices were used because they provided different information about model fit and when used together proved a more conservative and reliable evaluation of the model (Kenny, 2012; Schmitt, 2011).

The chi-squared test ( $\chi^2$ ) is used to determine fit of the model to the data where smaller chi-squared values indicate better fit and a non-significant model is preferred. The RMSEA analyzes the discrepancy between the hypothesized model and the population covariance matrix minimizing issues of sample size (Hooper, Coughlan, & Mullen, 2008). The RMSEA ranges from 0 to 1, with smaller values indicating better model fit (Brown, 2015; Hu & Bentler, 1999). The 90% confidence interval of the RMSEA was also interpreted. The ideal confidence interval for an RMSEA estimate

would include a lower value that includes or is near zero, but no worse than 0.05, and an upper value less than .08 (Kenny, 2012). TLI scores correct for both sample size and model size whereas the CFI corrects only for sample size; as such the TLI is often smaller than the CFI score (Kenny, 2012). Acceptable CFI and TLI values are greater than 0.95 (Hu & Bentler, 1999). Acceptable SRMR include values less than 0.08 (Hu & Bentler, 1999).

### **Evaluating Direct and Moderating Effects**

Regression coefficients were evaluated using beta coefficients ( $\beta$ ) that indicate the degree of change in the outcome variable (Global Self-Worth and Social Competence) for every 1-unit of change in the predictor variable (Adultification, Parentification, or Role Reversal) and  $R^2$ , which is the percent of variance in the outcome variable that is explained by the predictor variable.

## RESULTS

### Aim 1

#### **Model 1 – Previously established model for youths' non-normative caregiving behavior.**

Model 1 (See Figure 2) was an unconditional three-factor model in which seven indicators were specified as loading onto the latent variable unfairness (UNFAIR), three indicators loaded onto the latent variable emotional caregiving (EMOT), and four indicators loaded onto the latent variable instrumental caregiving (INST). The measurement model contained no double-loading indicators and all measurement errors were presumed to be uncorrelated. The latent variables of unfairness, emotion and instrumental caregiving were permitted to be correlated. Sample correlations of the factor indicators are provided in Table 4. Normality of the indicators was examined by using IBM SPSS Version 25. All Model 1 indicators had acceptable values between -2 and +2, indicating a normal distribution of data (George, 2011).

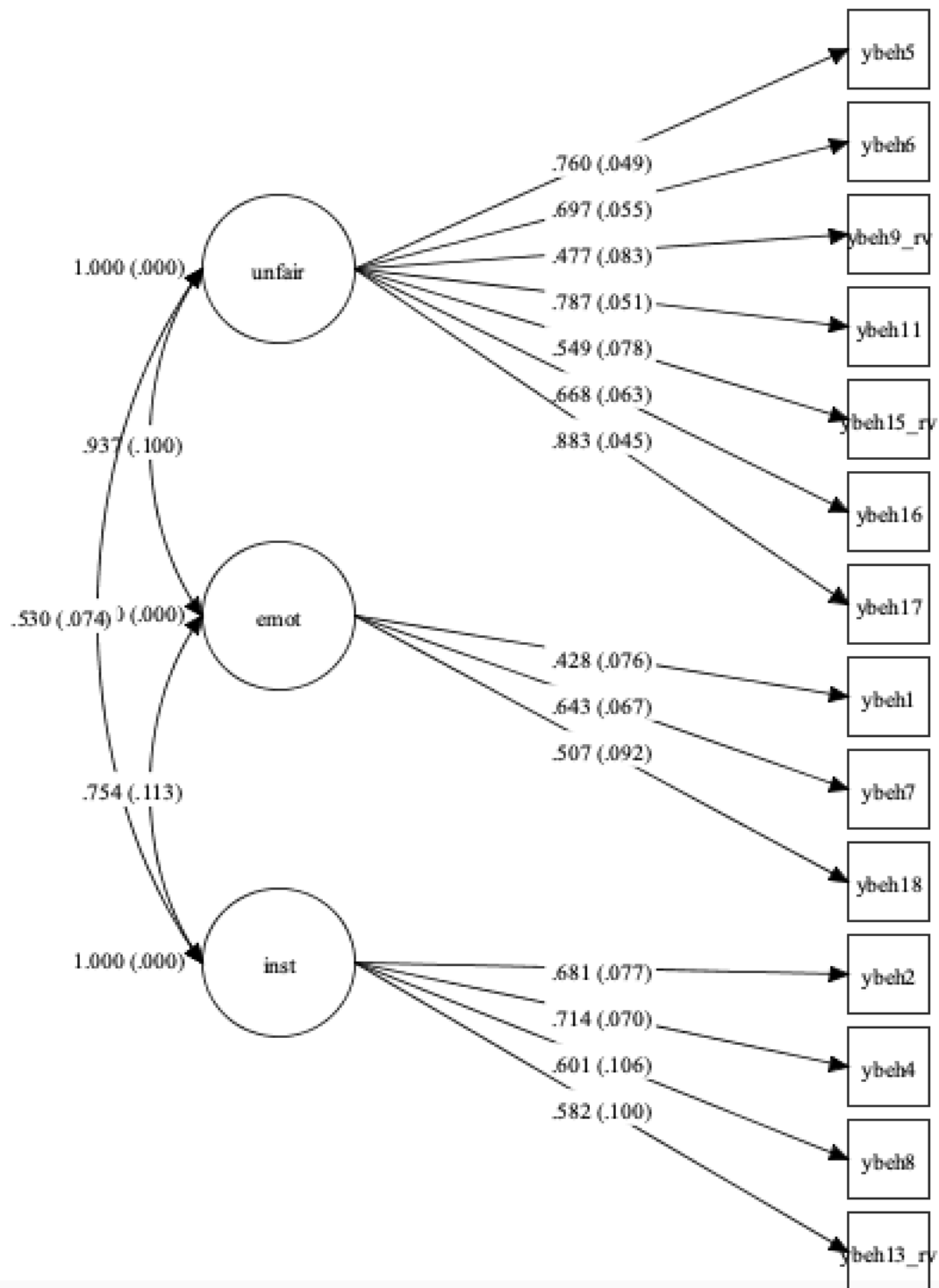


Figure 2. Aim 1 Model 1: A Three-Factor Model of Youths' Non-normative Caregiving Activities.

*Chi-Square* = 168.508; *DF* = 74; *p* = 0.000; *RMSEA* = 0.130.



Table 4. Correlations of Aim 1 Model 1 Indicators (N = 76)

Indicators of Non-normative Caregiving Behavior														
	5	6	9	11	15	16	17	1	7	18	2	4	8	13
Perceived Unfairness														
YBeh5														
YBeh6	.515**													
YBeh9_rv	.317**	.284*												
YBeh11	.451**	.253*	.348**											
YBeh15_rv	.436**	.250*	.512**	.213										
YBeh16	.483**	.295*	.250*	.424**	.111									
YBeh17	.513**	.362**	.403**	.678**	.447**	.450**								
Emotional Caregiving														
YBeh1	.187	.079	-.112	.259*	.056	.419**	.204							
YBeh7	.450**	.453**	.109	.343**	.311**	.215	.441**	.160						
YBeh18	.093	.382**	.165	.307*	-.003	.199	.306*	.116	.281*					
Instrumental Caregiving														
YBeh2	.074	.065	-.203	.318*	-.019	.223	.240	.442**	.126	.076				
YBeh4	.170	.280*	-.155	.198	.056	.163	.304*	.395**	.347**	.142	.462**			
YBeh8	.278*	.265*	-.040	.144	.335**	.202	.228	.098	.199	.151	.244	.266*		
YBeh13_rv	.040	.105	-.043	.240	.056	.320**	.328**	.241	.014	.167	.443**	.310*	.137	

Note: The content of the indicators are in Table 1. \*\*. Correlation is significant at the 0.01 level (2-tailed). \*. Correlation is significant at the 0.05 level (2-tailed).

Goodness-of-fit indices, depicted in Table 5, revealed that the three-factor model for youth non-normative caregiving behavior did not fit the data well ( $\chi^2(74) = 168.508$ ,  $p = .000$ , SRMR = .097, RMSEA = 0.130 and 90% CI [0.10, 0.156], TLI = 0.851, CFI = 0.879). However, the factor loadings, presented in Table 6, all were statistically significant ( $p < .001$ ). For example, the unstandardized estimates, interpreted similar to z-scores using the estimates in the column under Est. / S.E., with 1.96 as the critical value, indicated that all of indicators loaded on the factors with p-values much smaller than .05. Furthermore, the residual variances, did not reveal any Heywood Cases, or negative residual variances (Kenny, 2011; Rindskopf, 1984), further suggesting the appropriate fit of the indicators to their factors. Correlations between the factors indicated moderate relationships between instrumental caregiving and unfairness (0.530;  $p = 0.000$ ; 95% CI [0.407, .652]), and a strong relationship between instrumental caregiving and emotional caregiving (0.754;  $p = 0.000$ ; 95% CI [0.568, 0.939]) as well as emotional caregiving and unfairness (0.937;  $p = 0.000$ ; 95% CI [.772, 1.101]).

Table 5. *Goodness of Fit Indices for Aim 1 Models of Youths Non-normative Caregiving*

Model		$\chi^2$	df	$p$	CFI	TLI	RMSEA	RMSEA CI90		SRMR
Unconditional Models										
1	3 Factor	168.508	74	0.000	0.879	0.851	0.130	0.104	0.156	0.097
2	4 Factor	278.213	146	0.000	0.890	0.871	0.109	0.090	0.129	0.097
3	4 Factor	197.347	138	0.000	0.951	0.939	0.075	0.050	0.051	0.081

*Note: Model 3 includes eight correlated error terms*

Table 6. Factor Loadings and Factor Correlations for Aim 1 Model 1: A Three-Factor Model of Youths' Non-normative Caregiving Activities

	Unstandardized			Standardized		
	Estimate	S.E.	Est./S.E.	Estimate	S.E.	P-Value
<i>Perceived Unfairness (Unfair)</i>						
YBEH5	1.000	0.000	999.000	0.760	0.049	0.000
YBEH6	0.917	0.081	11.386	0.697	0.055	0.000
YBEH9_RV	0.628	0.111	5.678	0.477	0.083	0.000
YBEH11	1.035	0.085	12.199	0.787	0.051	0.000
YBEH15_RV	0.722	0.114	6.328	0.549	0.078	0.000
YBEH16	0.879	0.083	10.556	0.668	0.063	0.000
YBEH17	1.162	0.083	14.031	0.883	0.045	0.000
<i>Emotional Caregiving (EMOT)</i>						
YBEH1	1.000	0.000	999.000	0.428	0.06	0.000
YBEH7	1.504	0.284	5.295	0.643	0.07	0.000
YBEH18	1.185	0.218	5.422	0.507	0.02	0.000
<i>Instrumental Caregiving (INST)</i>						
YBEH2	1.000	0.000	999.000	0.681	0.077	0.000
YBEH4	1.049	0.152	6.891	0.714	0.070	0.000
YBEH8	0.882	0.187	4.709	0.601	0.106	0.000
YBEH13_RV	0.854	0.192	4.447	0.582	0.100	0.000
<i>Factor Covariances / Correlations</i>						
Emotional Caregiving with Unfairness	0.305	0.051	6.010	0.937	0.100	0.000
Instrumental Caregiving with Unfairness	0.274	0.050	5.523	0.530	0.074	0.000
Emotional Caregiving with Instrumental Caregiving	0.220	0.057	3.829	0.754	0.113	0.000

*Note: The content of the indicators are in Table 1.*

## Model 2 – Hypothesized four-factor model for youths' non-normative caregiving behavior.

Model 2 (See Figure 3) was an unconditional four-factor model in which eight indicators were specified as loading onto the latent variable unfairness (UNFAIR), three indicators loaded onto the latent variable parentification (PARENTIF), three indicators loaded onto the latent variable Adultification (ADULTIF), and four indicators loaded onto the latent variable Role reversal (ROLER). The measurement model contained no double-loading indicators and all measurement errors were presumed to be uncorrelated. The latent variables were permitted to

correlate. Sample correlations and descriptive statistics of the factor indicators are provided in Table 7. Normality of the indicators was examined by using IBM SPSS Version 25. All Model 2 indicators had acceptable values between -2 and +2, indicating a normal distribution of data (George, 2011).

Goodness-of-fit indices (See Table 5) revealed that the hypothesized four-factor model tied to specific non-normative caregiving behaviors fit the data better than the conventional solution, with a smaller  $\chi^2/df$  ratio and RMSEA, and better TLI and CFI ( $\chi^2(146) = 278.213, p = .000$ , SRMR = .097, RMSEA = 0.109 and 90% CI [0.090, 0.129], TLI = 0.871, CFI = 0.890). The confidence interval for RMSEA also narrowed, suggesting improved precision of the estimate (Kenny, Kaniskan, & McCoach, 2015; Kenny, & McCoach, 2003). However, the model fit is still not great. Unstandardized and standardized estimates for model indicators, presented in Table 8, indicated that all loadings were statistically significant except for one Adultification indicator -- YBEH10 "In your house you rarely do the cooking." Model 2 was re-assessed without this indicator, but the fit of the model did not improve; YBEH10 thus was retained in all subsequent models. The residual variance did not reveal any Heywood Cases, or negative residual variances (Kenny, 2011; Rindskopf, 1984), further suggesting the appropriate fit of the indicators to their factors. The standardized estimates for the correlation between the latent variables suggests a moderate relationship between Adultification and Unfairness (0.633;  $p = 0.000$ ; 95% Confidence Interval = 0.512 and 0.754) and strong or very strong relationships among the other latent variables, ranging from .811 to 1.007.

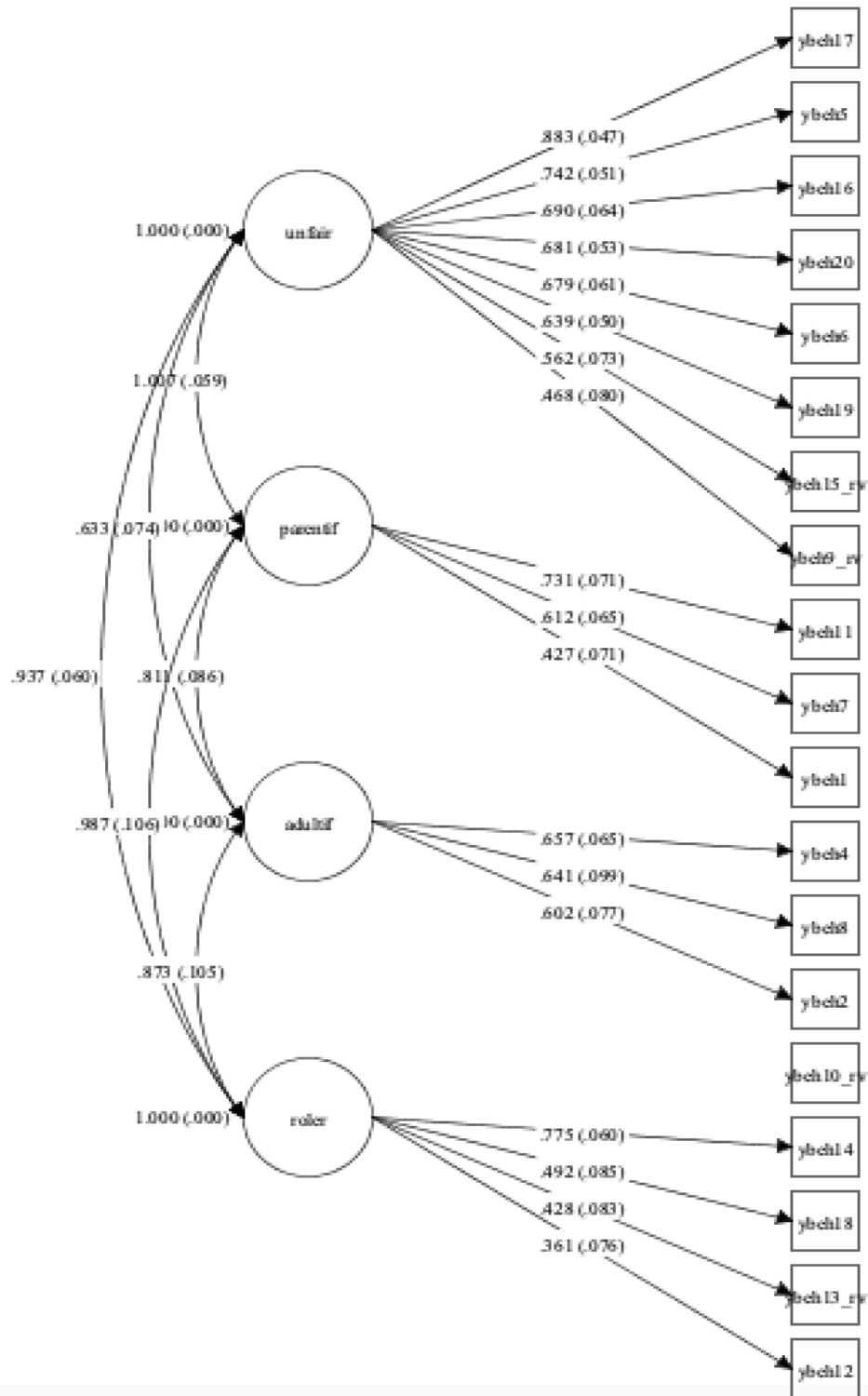


Figure 3. Aim 1 Model 2: A Four-Factor Model of Youths' Non-normative Caregiving  
 $\chi^2 = 278.213$ ;  $DF = 146$ ;  $p = 0.000$ ;  $RMSEA = 0.109$ .

Table 7. Correlations of Aim 1 Model 2 Indicators (N = 76)

		Indicators of Non-normative Caregiving Behaviors																		
		17	5	16	20	6	19	15	9	11	7	1	4	8	2	10	14	18	13	12
Perceived Unfairness																				
YBeh17																				
YBeh5		.513**																		
YBeh16		.450**	.483**																	
YBeh20		.435**	.389**	.392**																
YBeh6		.362**	.515**	.295*	.395**															
YBeh19		.485**	.341**	.383**	.571**	.240*														
YBeh15_rv		.447**	.436**	.111	.327**	.250*	.236													
YBeh9_rv		.403**	.317**	.250*	.141	.284*	.140	.512**												
Parentification																				
YBeh11		.678**	.451**	.424**	.263*	.253*	.343**	.213	.348**											
YBeh7		.441**	.450**	.215	.316**	.453**	.402**	.311**	.109	.343**										
YBeh1		.204	.187	.419**	.298*	.079	.225	.056	-.112	.259*	.160									
Adultification																				
YBeh4		.304*	.170	.163	.353**	.280*	.350**	.056	-.155	.198	.347**	.395**								
YBeh8		.228	.278*	.202	.359**	.265*	.214	.335**	-.040	.144	.199	.098	.266*							
YBeh2		.240	.074	.223	.190	.065	.325**	-.019	-.203	.318*	.126	.442**	.462**	.244						
YBeh10_rv		.052	.005	.049	.034	.057	.037	.114	.047	.107	.058	.190	.186	.149	.033					
Role Reversal																				
YBeh14		.616**	.483**	.427**	.259*	.409**	.246*	.443**	.515**	.466**	.287*	.161	.181	.393**	.183	-.023				
YBeh18		.306*	.093	.199	.169	.382**	.055	-.003	.165	.307*	.281*	.116	.142	.151	.076	.036	.256*			
YBeh13_rv		.328**	.040	.320**	.265*	.105	.327**	.056	-.043	.240	.014	.241	.310*	.137	.443**	.102	.270*	.167		
YBeh12		.227	.149	.279*	.218	.134	.249*	-.036	-.063	.242*	.147	.425**	.394**	.100	.226	.078	.165	.135	.216	

Note: The content of the indicators are in Table 1. \*\*. Correlation is significant at the 0.01 level (2-tailed). \*. Correlation is significant at the 0.05 level (2-tailed).

Table 8. Factor Loadings and Factor Correlations for Aim 1 Model 2: A Four-Factor Model of Youths' Non-normative Caregiving

	Unstandardized			Standardized		
	Estimate	S.E.	Est./S.E.	Estimate	S.E.	P-Value
<i>Perceived Unfairness (Unfair)</i>						
YBEH17	1.000	0.000	999.000	0.883	0.047	0.000
YBEH5	0.841	0.064	13.063	0.742	0.051	0.000
YBEH16	0.782	0.087	8.988	0.690	0.064	0.000
YBEH20	0.772	0.074	10.370	0.681	0.053	0.000
YBEH6	0.770	0.070	10.921	0.679	0.061	0.000
YBEH19	0.724	0.068	10.611	0.639	0.050	0.000
YBEH15_RV	0.637	0.083	7.671	0.562	0.073	0.000
YBEH9_RV	0.530	0.086	6.154	0.468	0.080	0.000
<i>Parentification (PARENTIF)</i>						
YBEH11	1.000	0.000	999.000	0.731	0.071	0.000
YBEH7	0.837	0.088	9.511	0.612	0.065	0.000
YBEH1	0.585	0.092	6.372	0.427	0.071	0.000
<i>Adultification (ADULTIF)</i>						
YBEH4	1.000	0.000	999.000	0.657	0.065	0.000
YBEH8	0.976	0.185	5.279	0.641	0.099	0.000
YBEH2	0.917	0.133	6.867	0.602	0.077	0.000
YBEH10_RV	0.218	0.181	1.207	0.143	0.120	0.234
<i>Role Reversal (ROLER)</i>						
YBEH14	1.000	0.000	999.000	0.775	0.060	0.000
YBEH18	0.635	0.108	5.884	0.492	0.085	0.000
YBEH13_RV	0.552	0.109	5.062	0.428	0.083	0.000
YBEH12	0.466	0.105	4.456	0.361	0.076	0.000
<i>Factor Covariances / Correlations</i>						
Parentification with Unfairness	0.649	0.052	12.560	1.007	0.059	0.000
Adultification with Unfairness	0.367	0.062	5.963	0.633	0.074	0.000
Adultification with Parentification	0.389	0.066	5.862	0.811	0.086	0.000
Role Reversal with Unfairness	0.640	0.060	10.752	0.937	0.060	0.000
Role Reversal with Parentification	0.558	0.059	9.477	0.987	0.106	0.000
Role Reversal with Adultification	0.444	0.064	6.984	0.873	0.105	0.000



### **Model 3 - A modified four-factor model for youths' non-normative caregiving behavior**

Model 3 (See Figure 4) was a modified version of Model 2. Model 3 was a four-factor model in which eight indicators were specified as loading onto the latent variable unfairness (UNFAIR), three indicators loaded onto the latent variable parentification (PARENTIF), three indicators loaded onto the latent variable Adultification (ADULTIF), and four indicators loaded onto the latent variable Role reversal (ROLER). The measurement model contained no double-loading indicators and eight measurement errors were presumed to correlate. The latent variables also were permitted to correlate.

Post hoc modifications were used in an attempt to improve model fit. Modification indexes suggested allowing the residual errors of eight similarly worded indicators to be correlated (see Table 9 for details), and doing so improved model fit to the point that most criteria were satisfied:  $\chi^2(138) = 197.347, p = .000$ , SRMR = .081, RMSEA = 0.075 and 90% CI [0.050, 0.051], TLI = 0.939, CFI = 0.951. The residual variances did not reveal any Heywood Cases, further suggesting the appropriate fit of the indicators to their factors. As in the prior model, several correlations among the latent variables exceeded .90. These high correlations may indicate a misspecification of the model or lack of discriminant validity. However, because latent variables are stripped of the measurement error with which observed variables are contaminated the high correlations may also suggest that the latent variables share an underlying cause reflecting a higher-order latent variable, possibly related to a high degree of emotionality in caregiving activities. Exploring these possibilities lies beyond the scope of the current study.

It is important to acknowledge that while Model 3 is the best fitting Aim 1 model, the post-hoc modifications to correlated eight indicators similar in nature occur across latent factors. Maintaining the complete model specification though Aim 2 and Aim 3 analyses is not possible

under the constraints of the proposed analyses. That is, each analysis for Aim 2 and Aim 3 examines a non-normative caregiving behavior and an outcome independent of the other non-normative caregiving behaviors and Unfairness; these analyses do not include a complete four-factor model and as a result cannot contain cross-factor correlated errors. To adhere as closely to the proposed analyses as possible, I used the Model 2 results, which did not include correlated errors, to structure the latent variables for the analyses of Aim 2 and Aim 3.

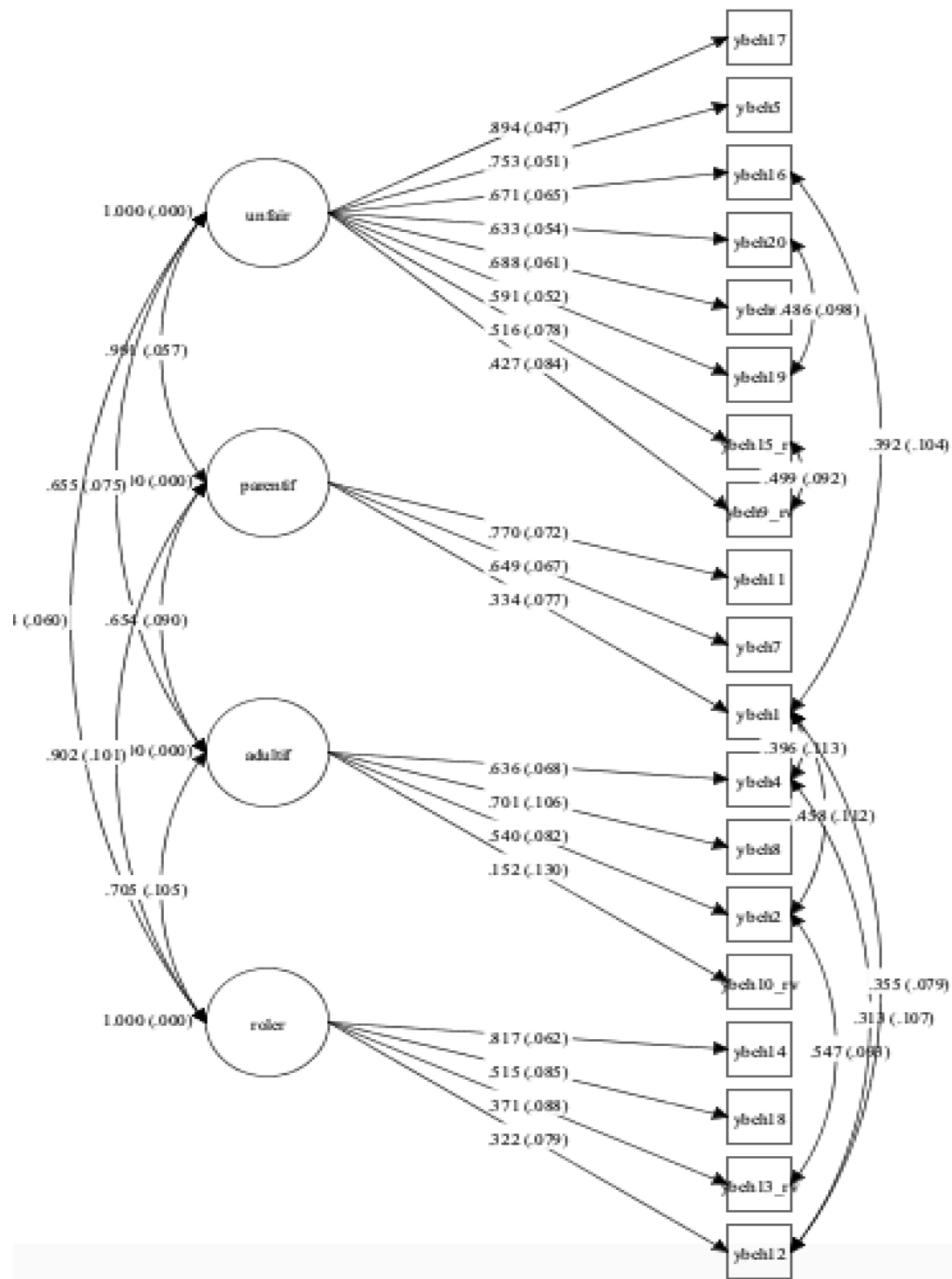


Figure 4. Aim 1 Model 3: A Modified Four-Factor Model of Youths' Non-normative Caregiving  
 $\chi^2 = 197.347$ ;  $DF = 138$ ;  $p = 0.000$ ;  $RMSEA = 0.075$ .

Table 9. *Factor Loadings for Aim 1 Model 3: A Modified Four-Factor Model of Youths' Non-normative Caregiving*

	Unstandardized			Standardized		
	Estimate	S.E.	Est./S.E.	Estimate	S.E.	P-Value
<i>Perceived Unfairness (Unfair)</i>						
YBEH17	1.000	0.000	999.000	0.894	0.047	0.000
YBEH5	0.843	0.064	13.178	0.753	0.051	0.000
YBEH16	0.751	0.086	8.704	0.671	0.065	0.000
YBEH20	0.708	0.073	9.734	0.633	0.054	0.000
YBEH6	0.770	0.069	11.230	0.688	0.061	0.000
YBEH19	0.662	0.068	9.781	0.591	0.052	0.000
YBEH15_RV	0.577	0.086	6.695	0.516	0.078	0.000
YBEH9_RV	0.478	0.090	5.316	0.427	0.084	0.000
<i>Parentification (PARENTIF)</i>						
YBEH11	1.000	0.000	999.000	0.770	0.072	0.000
YBEH7	0.843	0.088	9.569	0.649	0.067	0.000
YBEH1	0.434	0.095	4.557	0.334	0.077	0.000
<i>Adultification (ADULTIF)</i>						
YBEH4	1.000	0.000	999.000	0.636	0.068	0.000
YBEH8	1.103	0.216	5.115	0.701	0.106	0.000
YBEH2	0.849	0.147	5.774	0.540	0.082	0.000
YBEH10_RV	0.239	0.203	1.176	0.152	0.130	0.243
<i>Role Reversal (ROLER)</i>						
YBEH14	1.000	0.000	999.000	0.817	0.062	0.000
YBEH18	0.630	0.106	5.924	0.515	0.085	0.000
YBEH13_RV	0.454	0.110	4.149	0.371	0.088	0.000
YBEH12	0.394	0.104	3.794	0.322	0.079	0.000
<i>Factor Covariances / Correlations</i>						
Parentification with Unfairness	0.682	0.054	12.717	0.991	0.057	0.000
Adultification with Unfairness	0.372	0.064	5.801	0.655	0.075	0.000
Adultification with Parentification	0.320	0.067	4.749	0.654	0.090	0.000
Role Reversal with Unfairness	0.685	0.061	11.144	0.938	0.060	0.000
Role Reversal with Parentification	0.568	0.061	9.357	0.902	0.101	0.000
Role Reversal with Adultification	0.366	0.065	5.630	0.705	0.105	0.000
<i>Error Covariances / Correlations</i>						
YBEH13_R W/ YBEH2	0.428	0.074	5.816	0.547	0.093	0.000
YBEH1 W/ YBEH2	0.364	0.093	3.899	0.458	0.112	0.000

Table 9 continued

YBEH1 W/ YBEH4	0.288	0.081	3.549	0.396	0.113	0.000
YBEH1 W/ YBEH12	0.316	0.072	4.369	0.355	0.079	0.000
YBEH1 W/ YBEH16	0.274	0.073	3.763	0.392	0.104	0.000
YBEH12 W/ YBEH4	0.229	0.078	2.935	0.313	0.107	0.003
YBEH9_RV W/ YBEH15_RV	0.387	0.081	4.793	0.499	0.092	0.000
YBEH19 W/ YBEH20	0.303	0.065	4.674	0.486	0.098	0.000

*Note:* The content of the indicators are in Table 1

### **Aim 1 Conclusion**

Analyses for Aim 1 revealed the factor structure of a model of non-normative caregiving behavior that distinguished among three widely accepted non-normative caregiving types, as well as unfairness. I hypothesized that re-specifying the three-factor convention for measuring youth's non-normative caregiving activities into a four-factor model measuring three discrete types of youths' non-normative caregiving behavior and unfairness would produce better fit to both theory and data. The results above lead me to conclude that while both models are consistent with the literature base, Model 2 did fit the data slightly better, supporting Hypothesis 1.

### **Aim 2**

Aim 2 sought to examine the direct effect of each non-normative caregiving behavior on youths' socio-emotional wellbeing, defined here as global self-worth (GSW) and social competence (SC), in theoretically expected ways. The results of analyses for each specific hypothesis are detailed below. Goodness-of-fit indices are available in Table 10 and Table 11 summarizes the regression analyses.

Table 10. Goodness-of-Fit Indicators of Aim 2 Models of Youths' Non-normative Caregiving Predicting Socio-emotional Wellbeing (n = 83)

	Model	$\chi^2$	$DF$	$p$	CFI	TLI	RMSEA	RMSEA CI90	
Parentification									
GSW	1	27.604	19	0.0914	0.974	0.961	0.074	0.000	0.130
SC	2	27.306	19	0.0977	0.976	0.964	0.073	0.000	0.129
Role Reversal									
GSW	3	43.586	26	0.0167	0.945	0.924	0.090	0.039	0.136
SC	4	28.147	26	0.3513	0.993	0.991	0.032	0.000	0.094
Adultification									
GSW	5	35.820	26	0.0950	0.959	0.943	0.067	0.000	0.117
SC	6	25.761	26	0.4763	1.000	1.001	0.000	0.000	0.086

*Note:* GSW Global Self Worth, SC Social Competence

Table 11. Regression Analysis Summary for Aim 2 Models for Youths' Non-normative Caregiving Predicting Socio-emotional Wellbeing (n = 83)

	Model	R <sup>2</sup>	B	SE B	β	P-Value	β CL95	
Parentification								
GSW	1	0.491	-0.591	0.159	-0.700	0.000	-0.889	-0.512
SC	2	0.217	-0.338	0.139	-0.466	0.000	-0.647	-0.285
Role Reversal								
GSW	3	0.359	-2.056	0.849	-0.599	0.000	-0.800	-0.398
SC	4	0.138	-1.159	0.524	-0.372	0.003	-0.575	-0.169
Adultification								
GSW	5	0.235	-0.669	0.263	-0.484	0.002	-0.743	-0.226
SC	6	0.039	-0.265	0.222	-0.199	0.224	-0.467	0.070

*Note:* GSW Global Self Worth, SC Social Competence

**Hypothesis 2: Parentification during deployment is negatively associated with global self-worth (Model 1) and social competence (Model 2) during reintegration**

Goodness-of-fit indices, indicated that both models fit the data well, satisfying all criteria. Consistent with Hypothesis 2, Parentification was significantly and negatively associated with later wellbeing for both global self-worth ( $\beta = -0.700$ , S.E. = 0.115,  $p = 0.000$ ; see Figure 5) and Social Competence ( $\beta = -0.466$ , S.E. = 0.110,  $p = 0.000$ ; see Figure 6) such that higher levels of Parentification were significantly associated with lower levels of both global self-worth and social competence. The models further revealed that 49% and 21% of the variance in Global Self-Worth and Social competence, respectively, was explained by Parentification.

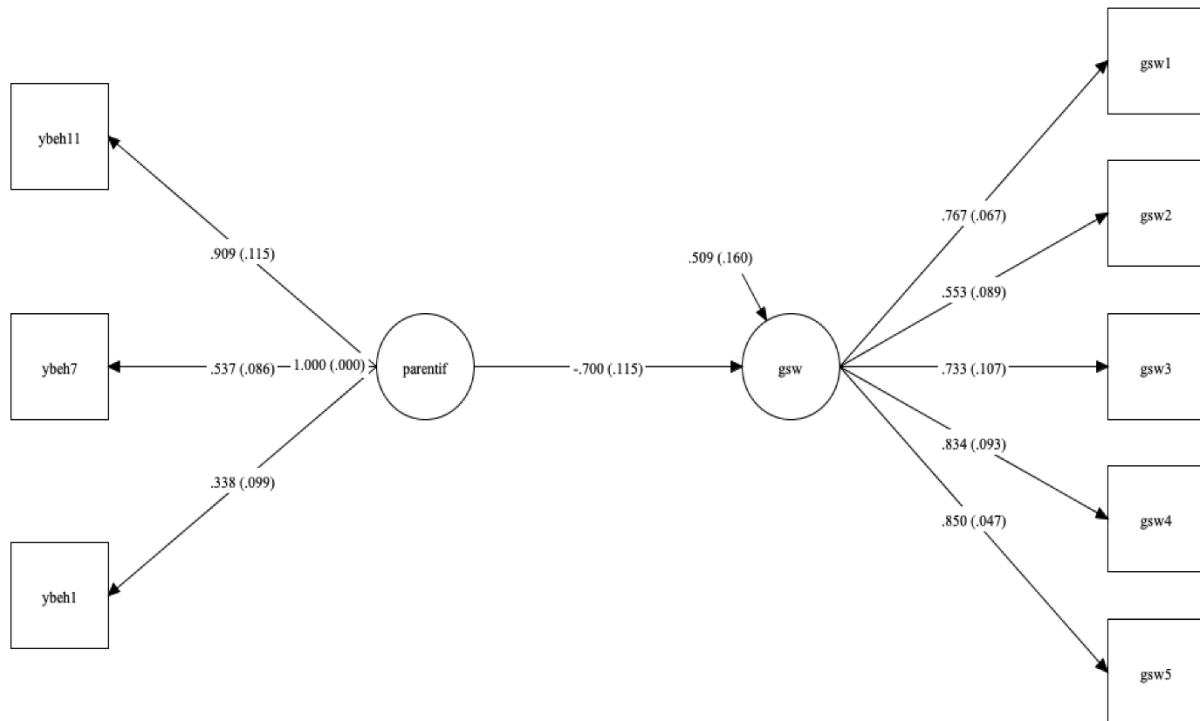


Figure 5. Aim 2 Model 1: Parentification (T1) Predicting Global Self-Worth (T2).

*Chi-Square = 27.604; df = 19; p = 0.091; RMSEA = 0.074. This model shows the standardized coefficients (standardized errors).*



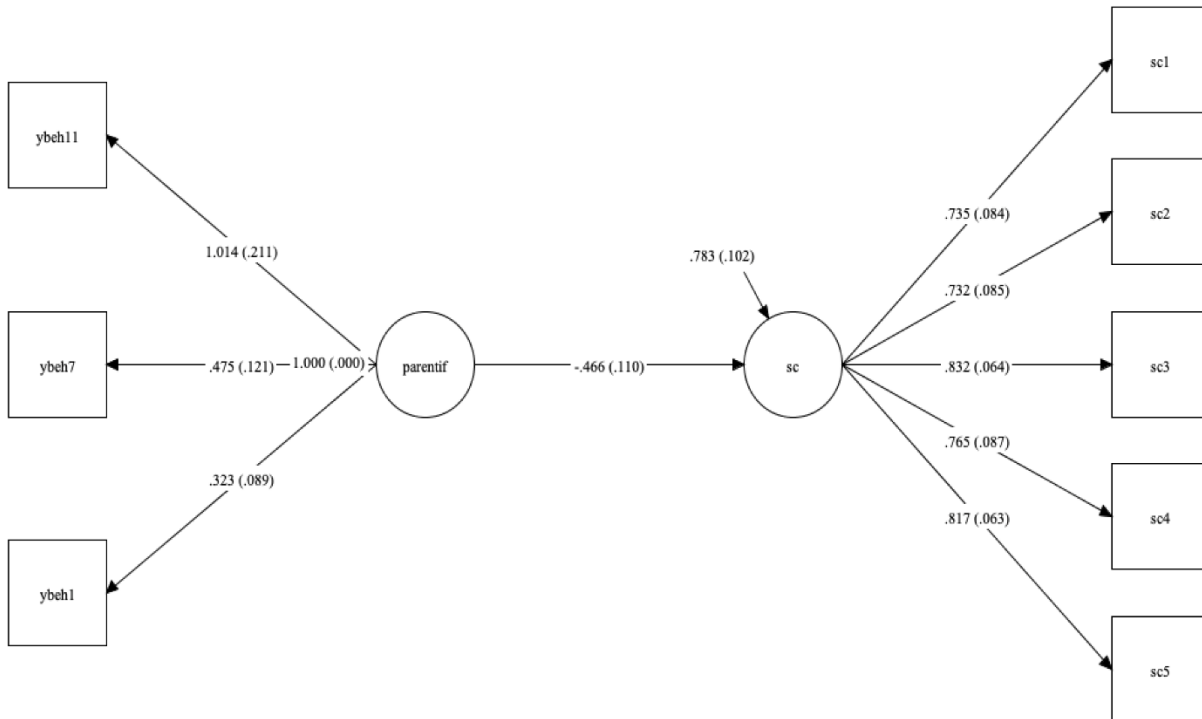


Figure 6. Aim 2 Model 2: Parentification (T1) Predicting Social Competence (T2).

*Chi-Square = 27.306;  $df = 19$ ;  $p = 0.097$ ; RMSEA = 0.073. This model shows the standardized coefficients (standardized errors).*

### **Hypothesis 3: Role Reversal during deployment is negatively associated with both global self-worth (Model 3) and social competence (Model 4) during reintegration**

The fit for Model 3 did not meet standards for adequate fit. Examination of the regression coefficients suggested that Role Reversal was significantly and negatively associated with later Global Self-Worth ( $\beta = -0.599$ , S.E. = 0.122,  $p = 0.000$ ; See Figure 7), consistent with the hypothesis.

Model 4 fit the data better much better than Model 3. Consistent with Hypothesis 3, Role Reversal was significantly and negatively associated with later Social Competence ( $\beta = -0.372$ , S.E. = 0.124,  $p = 0.003$ ; See Figure 8). The model further revealed that 13% of the variance in Social Competence was explained by Role Reversal although this estimate was not statistically significant ( $p = 0.113$ ).

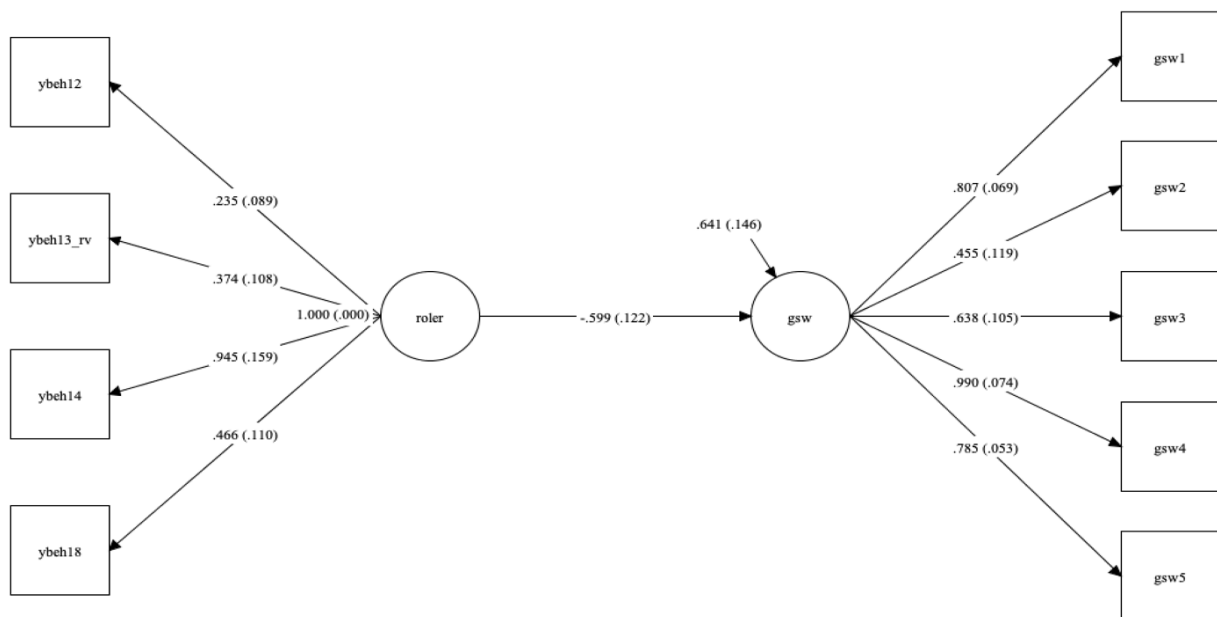


Figure 7. Aim 2 Model 3: Role Reversal (T1) Predicting Global Self-Worth (T2).

*Chi-Square = 43.586;  $df = 26$ ;  $p = 0.016$ ; RMSEA = 0.090. This model shows the standardized coefficients (standardized errors).*

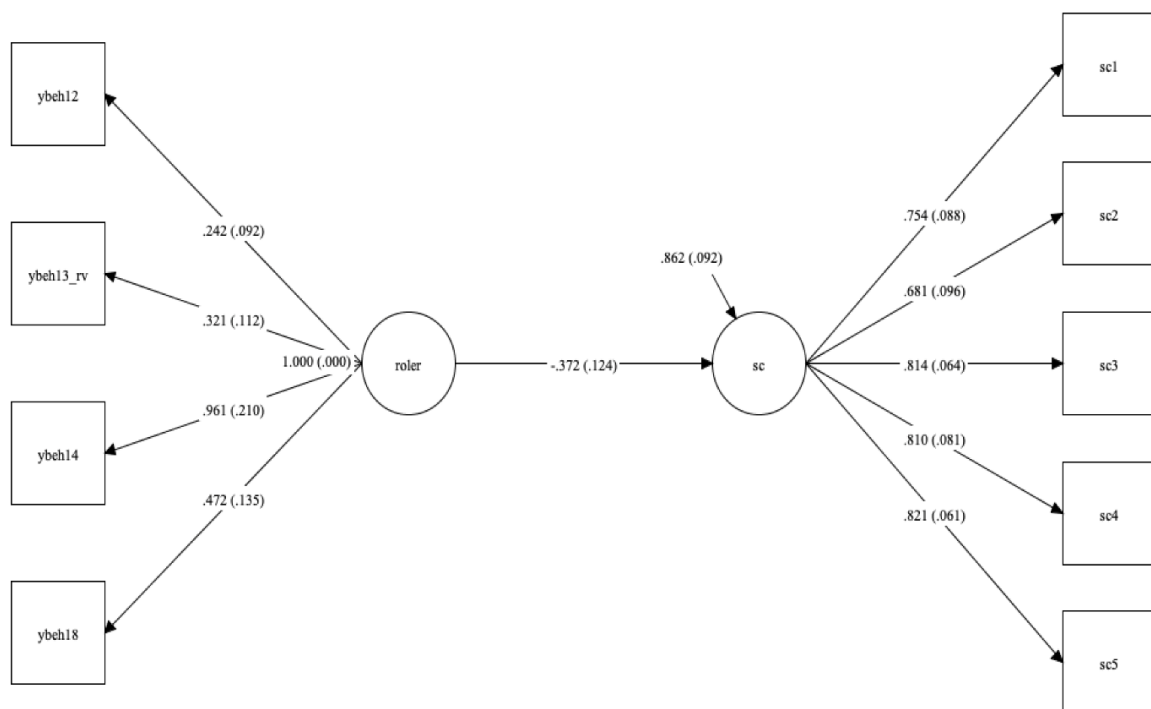


Figure 8. Aim 2 Model 4: Role Reversal (T1) Predicting Social Competence (T2).

*Chi-Square = 28.147;  $df = 26$ ;  $p = 0.351$ ; RMSEA = 0.032. This model shows the standardized coefficients (standardized errors).*

**Hypothesis 4: Adultification during deployment is positively associated with both global self-worth (Model 5) and social competence (Model 6)**

Models 5 and 6 fit the data well according to almost all (Model 5) or all (Model 6) goodness of fit indicators. Regression results for Model 5 ( $\beta = -0.484$ , S.E. = 0.157,  $p = 0.002$ ; See Figure 9) and Model 6 ( $\beta = -0.199$ , S.E. = 0.163,  $p = 0.224$ ; See Figure 10) were contrary to Hypothesis 4, in that Adultification was negatively rather than positively associated with later Global Self-Worth and Social Competence, respectively. Results further revealed that 23% and 3% of the variance in Global Self-Worth and Social Competence, respectively, was explained by Adultification, but these estimates were not statistically significant.

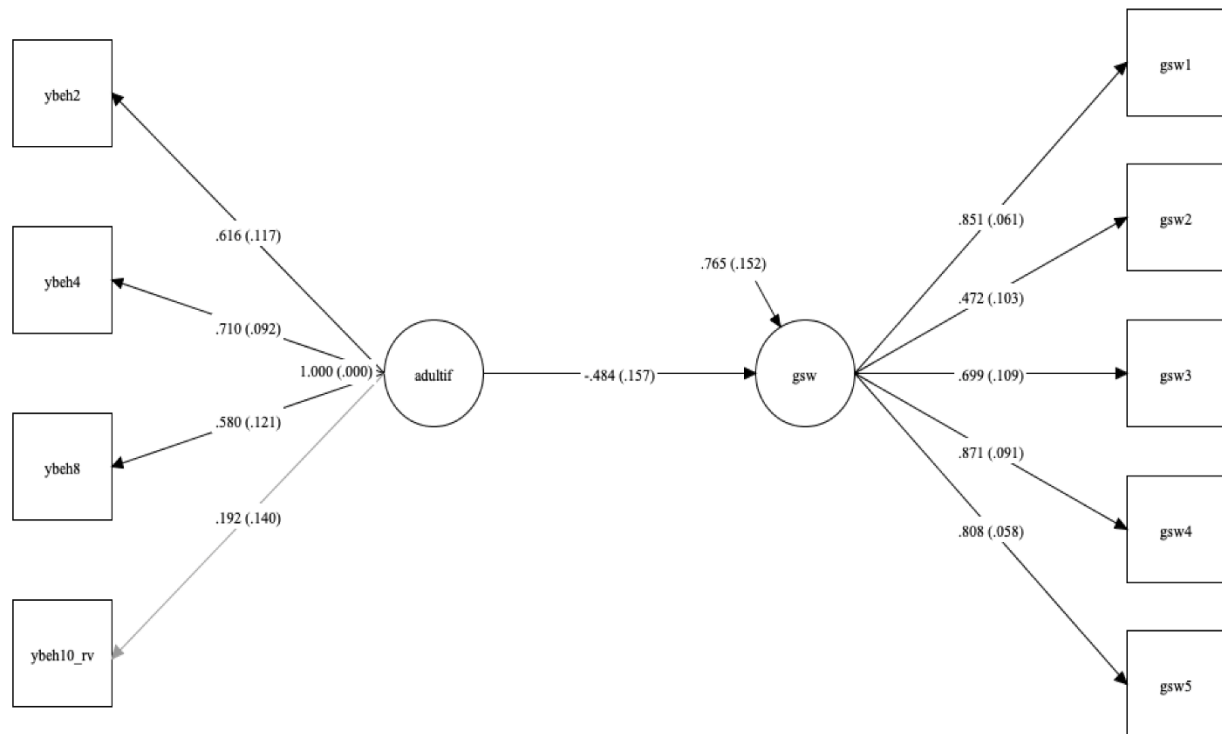


Figure 9. Aim 2 Model 5: Adultification (T1) Predicting Global Self-Worth (T2).

*Chi-Square = 35.820;  $df = 26$ ;  $p = 0.095$ ; RMSEA = 0.067. This model shows the standardized coefficients (standardized errors). The lightly shaded lines are non-significant.*

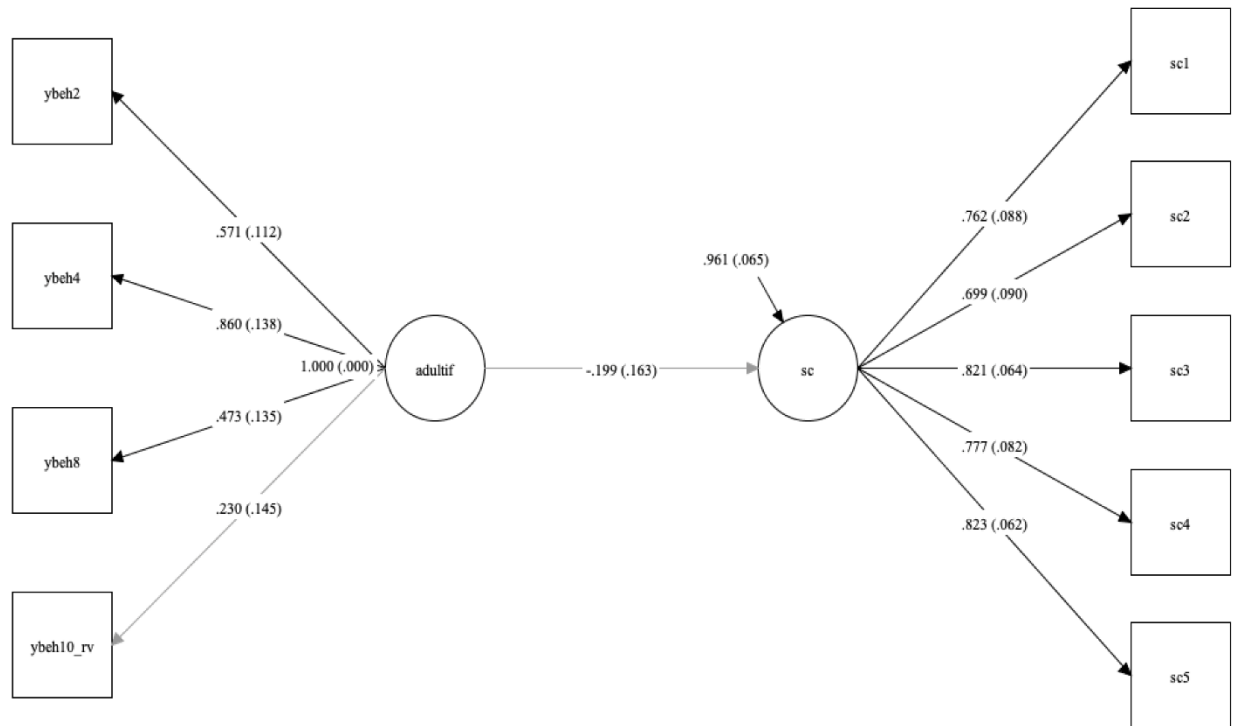


Figure 10. Aim 2 Model 6: Adultification (T1) Predicting Social Competence (T2).  $\chi^2 = 25.761$ ;  $df = 26$ ;  $p = 0.476$ ;  $RMSEA = 0.000$ . This model shows the standardized coefficients (standardized errors). The lightly shaded lines are non-significant.

### Aim 3

The hypothesized moderation model is displayed graphically in Figures 11 and 12. To test this hypothesis, Mplus was used to calculate the conditional effect of Unfairness (W; path  $b_2$ ) on the association between a specific non-normative caregiving behavior, such as Adultification (X; path  $b_1$ ), and socio-emotional wellbeing (Y), such as GSW, using the interaction between Adultification and Unfairness (XW; path  $b_3$ ) (Aiken, West, & Reno, 2018; Crandall, Preacher, Bovaird, Card, & Little, 2012).

While I proposed to test Aim 3 using latent factors for the independent variable, the dependent variable, and the interaction term; sample size required a slight deviation from the proposed analyses. For five models, factor scores for the dependent variables were substituted for

the latent factor. The sixth model was estimated using factor scores substitutions for all proposed latent factors. The results of Aim 3, displayed in Table 12, are described below.

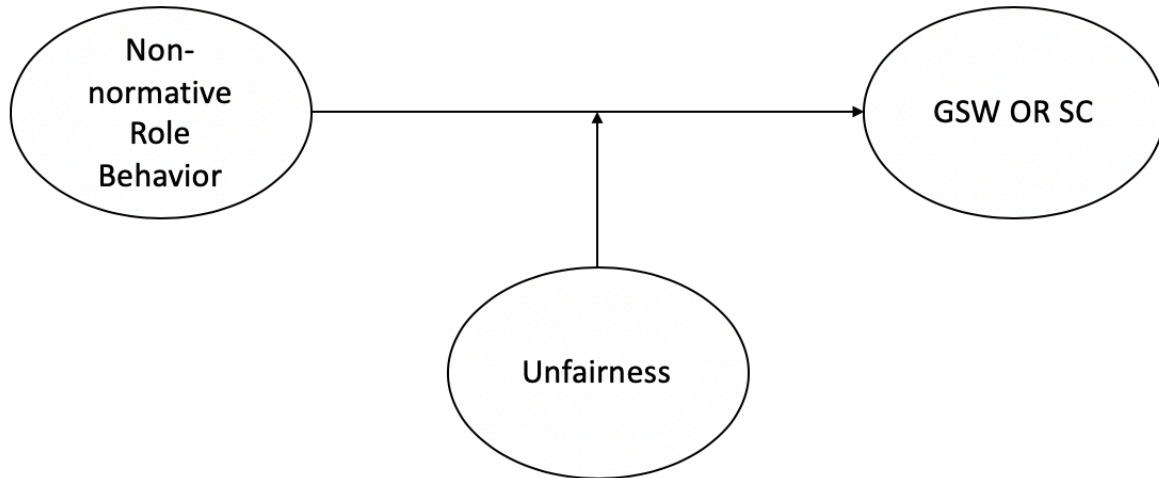


Figure 11. Conceptual Model for Aim 3: The Association of Youths' Non-normative Caregiving with Socio-emotional Wellbeing Moderated by Unfairness

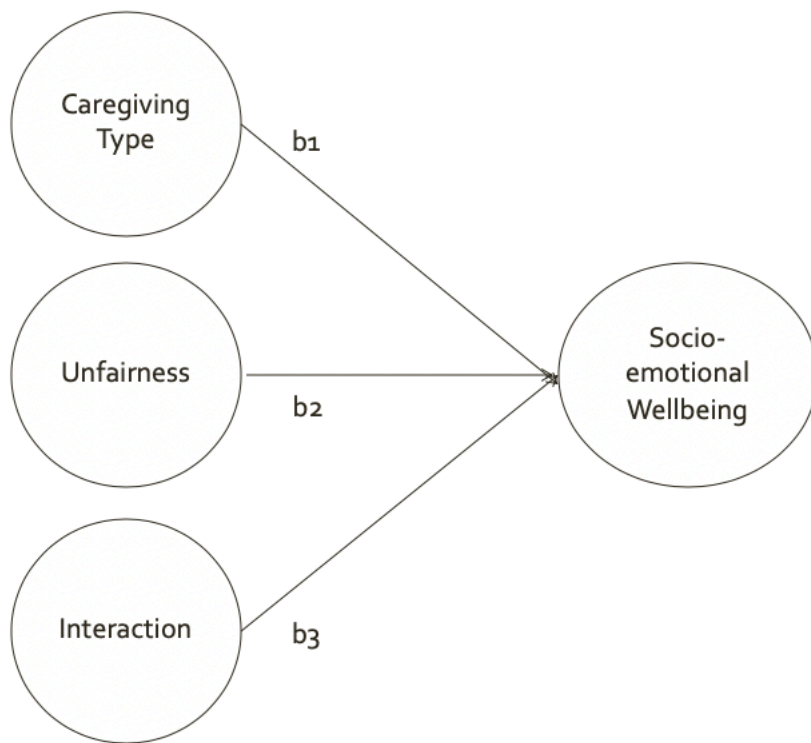


Figure 12. Proposed Analytic Model for Aim 3: The Association of Youths' Non-normative Caregiving with Socio-emotional Wellbeing Moderated by Unfairness

Table 12. Regression Analysis Summary for Aim 3 Models for the Association of Youths' Non-normative Caregiving with Socio-emotional Wellbeing Moderated by Unfairness (n = 83)

	Global Self-Worth (GSW)					Social Competence (SC)			
	$\beta$	95% CI		p		$\beta$	95% CI		p
Model 1**					Model 4**				
Unfairness	-0.621	-0.916	-0.621	0.001	Unfairness	-0.491	-0.857	-0.125	0.027
Adultification	0.011	-0.325	0.348	0.956	Adultification	-0.024	-0.431	0.382	0.921
Interaction	-0.172	-0.252	-0.093	0.000	Interaction	-0.153	-0.219	-0.086	0.000
Model 2					Model 5				
Unfairness	0.448	-3.831	4.727	0.863	Unfairness	0.862	-5.705	7.428	0.829
Parentification	-1.109	-5.369	3.151	0.668	Parentification	-1.444	-8.012	5.124	0.718
Interaction	-0.180	-0.250	-0.110	0.000	Interaction	-0.181	-0.242	-0.120	0.000
Model 3					Model 6*				
Unfairness	-1.255	-10.040	7.530	0.814	Unfairness	-0.676	-1.903	0.552	0.365
Role Reversal	0.640	-8.131	9.411	0.904	Role Reversal	0.119	-1.106	1.343	0.873
Interaction	-0.178	-0.244	-0.111	0.000	Interaction	-0.452	-0.591	-0.313	0.000

Note: \*Model 6 was computed using factor scores for the independent, dependent, and moderating variable. This is in comparison to models 1 - 5 which were computed using latent variables for the independent and moderating variables and factor scores for the dependent variable. \*\*Model 1 and Model 4 indicated significant Association of Adultification with Global Self Worth and Social Competence for Different Levels of Unfairness.

Models 1 and 4 assessed the role of Unfairness in the association of Adultification with global self-worth and social competence, respectively. The results indicated that at an average level of unfairness, Adultification was not related to global self-worth or social competence. In both models, there was a statistically significant negative main effect relationship between unfairness and youth outcomes, and a significant interaction between Unfairness and Adultification. Figure 14 and Figure 15 shows that at higher levels of Unfairness, the association between Adultification and Global Self-Worth is negative, while at lower levels of Unfairness, that same association is positive. Figure 16 and Figure 17 shows similar results. The results of Model 1 and Model 4 are both consistent with the empirical foundations in the literature and Hypothesis 5.

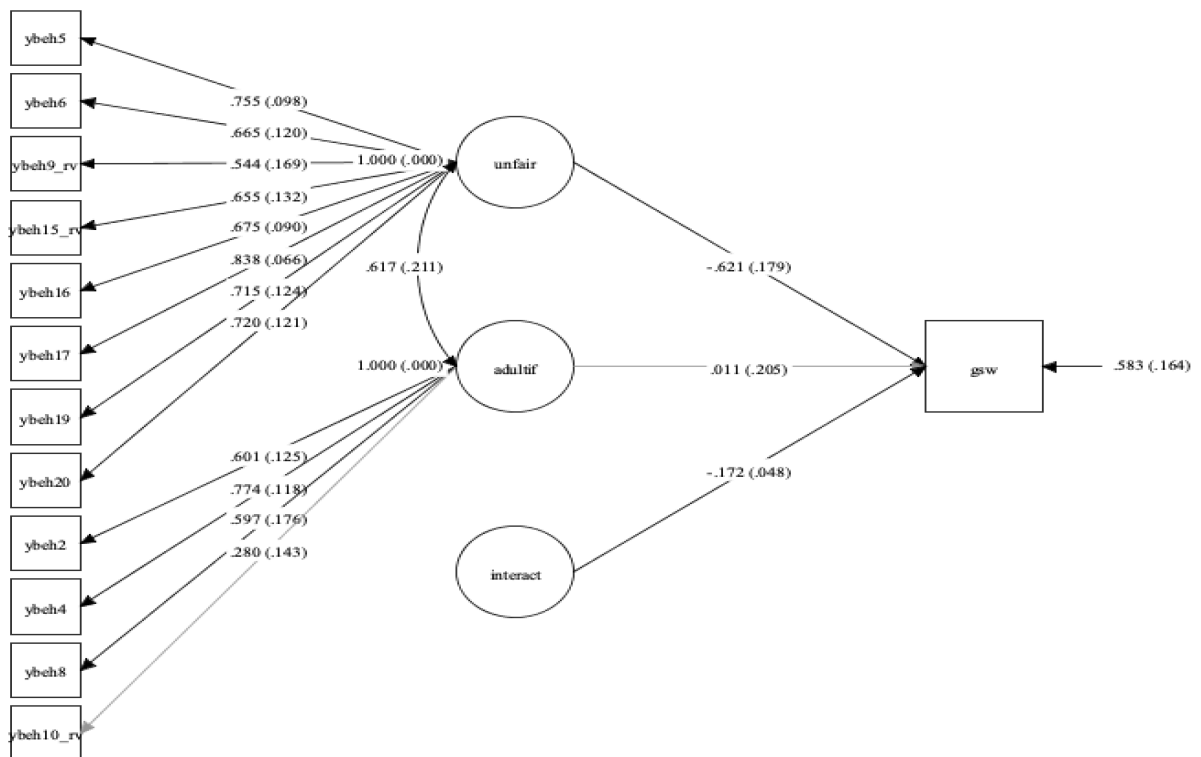


Figure 13. The Association of Adultification with Global Self-Worth Moderated by Unfairness. *This model shows the standardized coefficients (standardized errors). The lightly shaded lines are non-significant.*



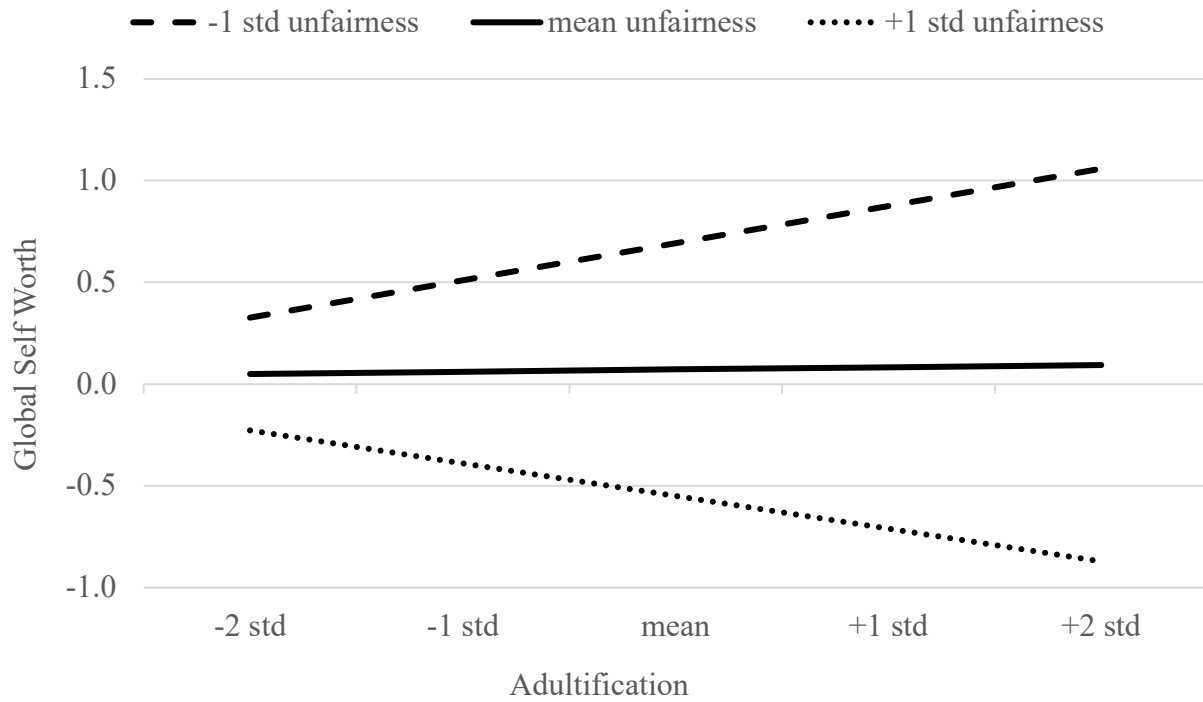


Figure 14. Association of Adulthood with Global Self-Worth for Different Levels of Unfairness [Model 1]

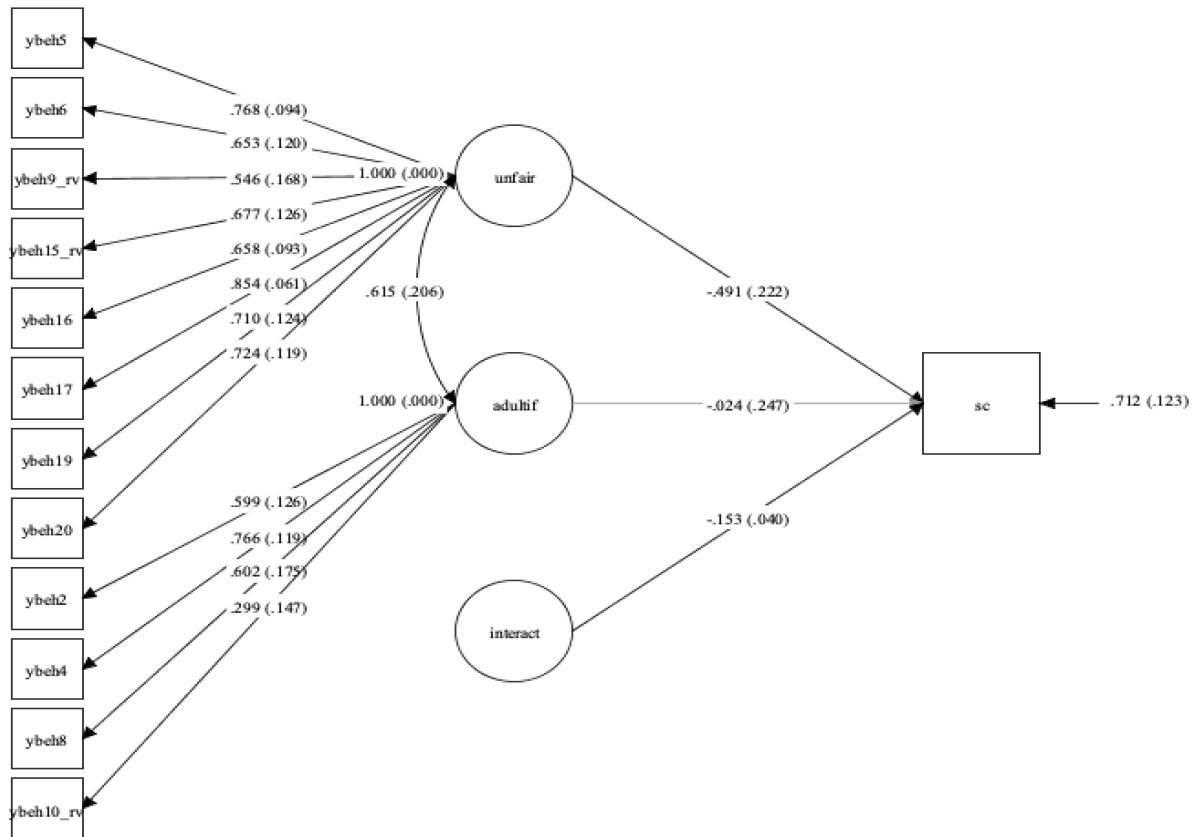


Figure 15. The Association of Adultification with Social Competence Moderated by Unfairness. *This model shows the standardized coefficients (standardized errors). The lightly shaded lines are non-significant.*

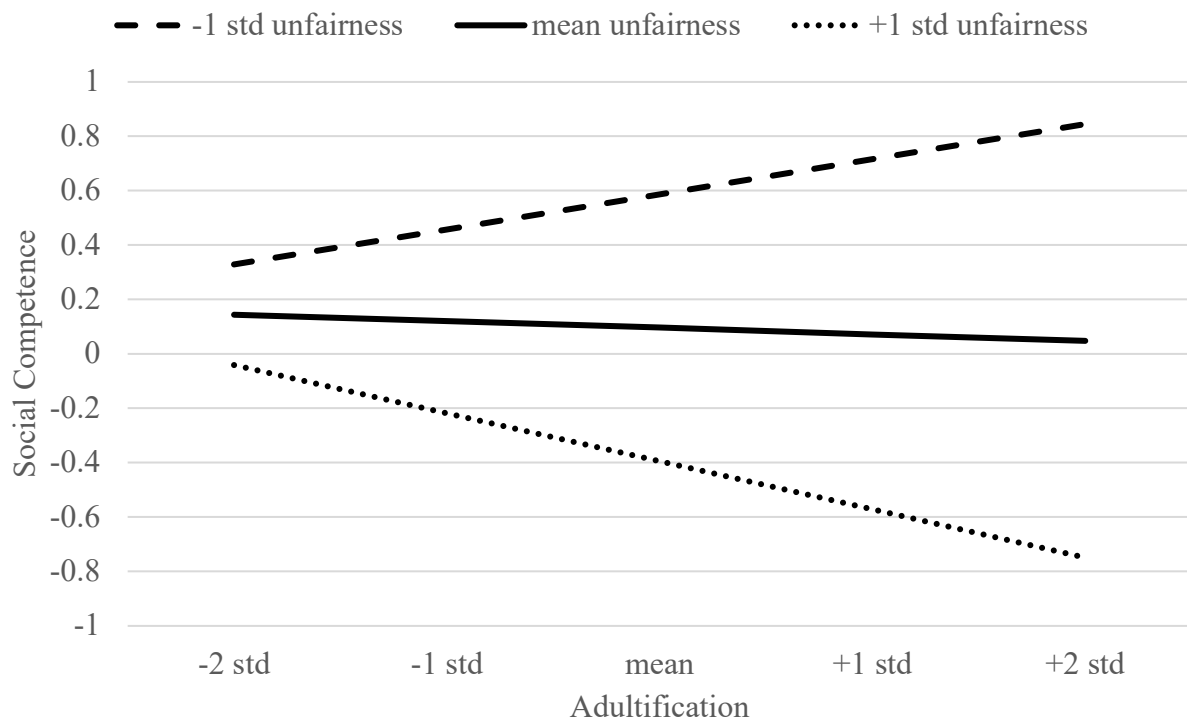


Figure 16. Association of Adulthood with Social Competence for Different Levels of Unfairness [Model 4]

Models 2, 3, 5, and 6 are uniquely consistent with Hypothesis 5. Specifically, these models have statistically significant interaction terms ( $p = .000$ ) but non-significant main effects. In the case of the Model 2 (see Figure 18 and Figure 19) and Model 5, the association between Parentification with socio-emotional wellbeing is negative. The results further suggest that the association varies slightly in intensity depending on the level of Unfairness. Specifically, that association between Parentification with socio-emotional wellbeing is stronger when Unfairness is higher, but not vastly different when Unfairness is lower.

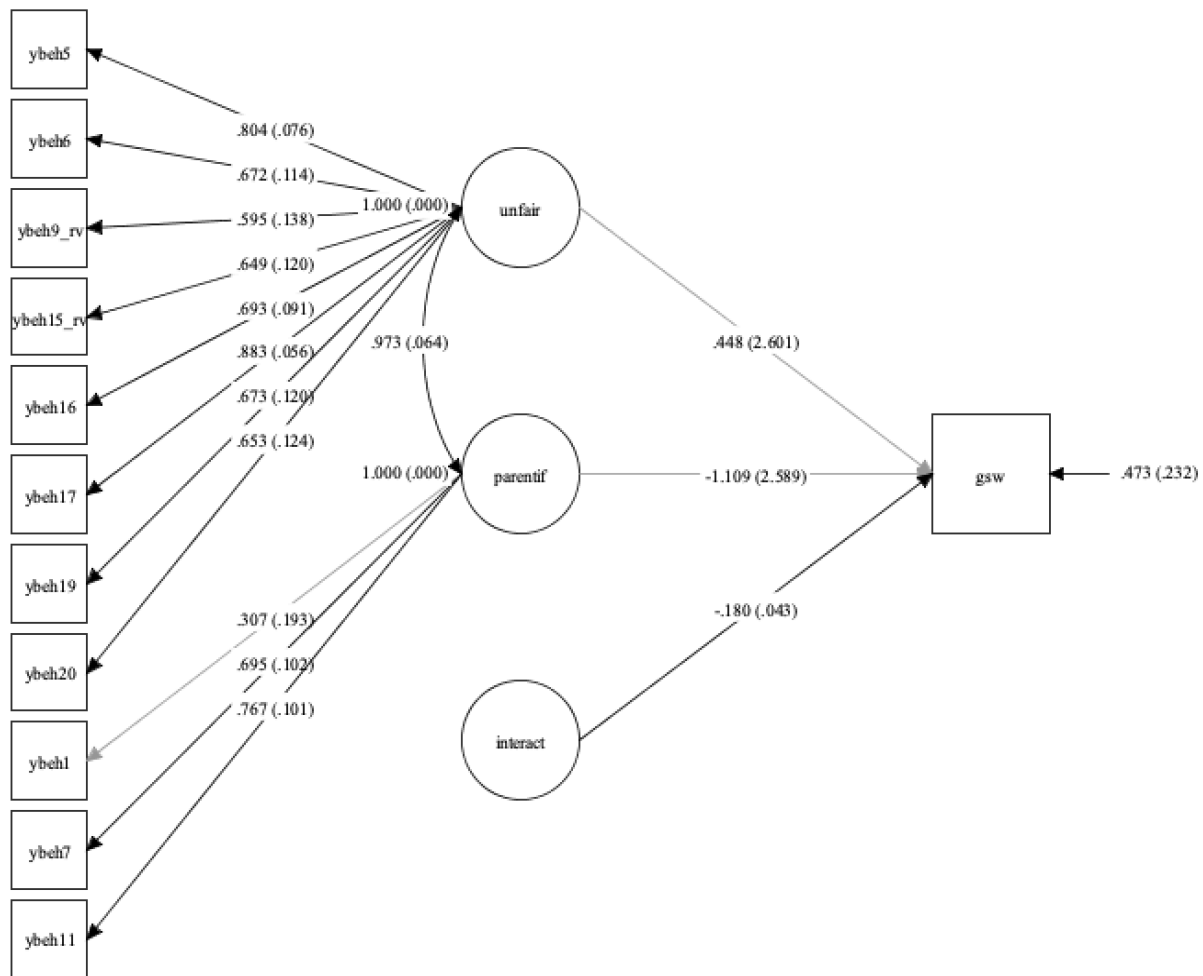


Figure 17. The Association of Parentification with Global Self-Worth Moderated by Unfairness. *This model shows the standardized coefficients (standardized errors). The lightly shaded lines are non-significant.*

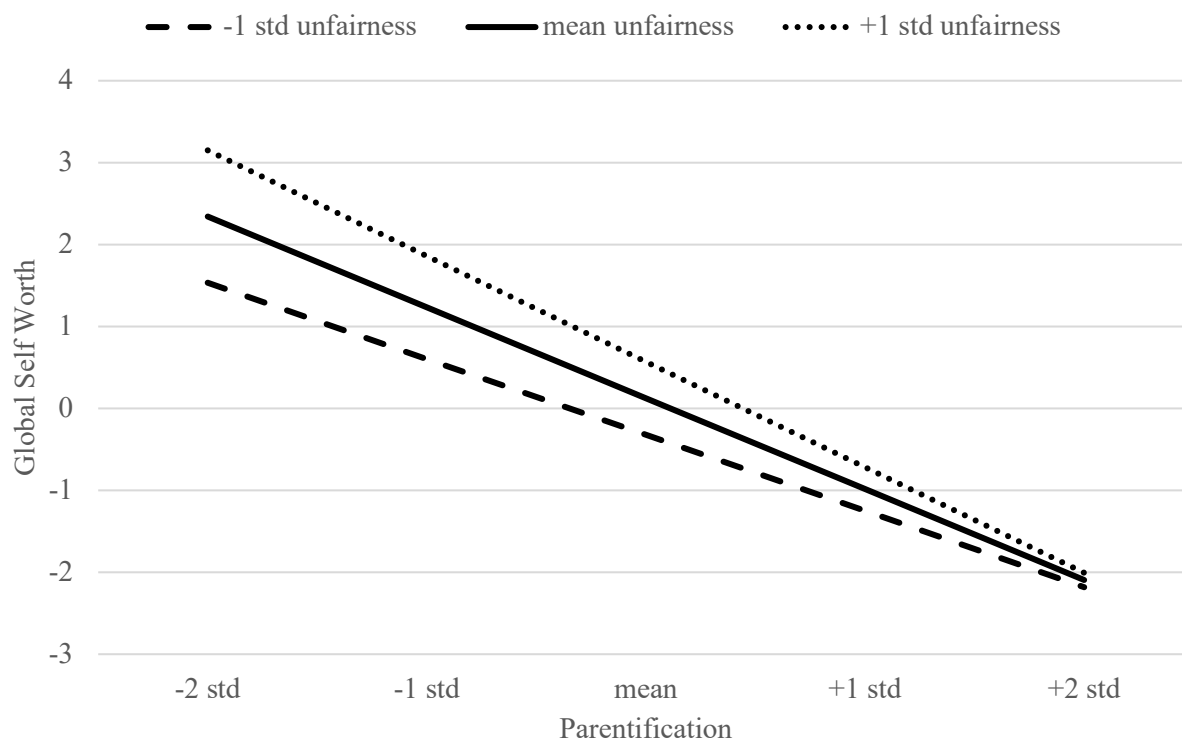


Figure 18. Association of Parentification with Global Self Worth for Different Levels of Unfairness [Model 2]

## DISCUSSION

Understanding the provision of family-based care, or more fundamentally how family systems work to overcome challenges is no small feat. This feat becomes impossible when research misconstrues the roles of the most vulnerable members of the family. As members of the family system, youth have the capacity to maintain and/or improve family functioning through their caregiving activities.

For families who experience parental unavailability and absence or whose socio-cultural contexts include a proclivity toward youth who perform adultlike roles and responsibilities, unpacking the experiences of caregiving youth, particularly as it concerns the scope of the adultlike roles and responsibilities performed, and the capacity in which youth have to perform adultlike roles and responsibilities is complex, and conceptually conflicted. In the following section, I will discuss how this study addresses these empirical concerns and present implications of the study findings as they relate to the larger literature on youths' caregiving experiences.

The primary aim of this study was to evaluate a model of non-normative caregiving behavior that distinguishes three widely accepted non-normative caregiving types, as well as unfairness. Assessed using conventional goodness-of-fit indices, the findings suggested that although similar to the traditional three-factor model for youths' non-normative caregiving activities tested using college student populations (Hooper & Wallace, 2010; Jurkovic et al. 2001), the hypothesized four-factor model measuring three types of caregiving: Adultification, Parentification, and Role reversal in addition to Unfairness, was a better fit for the data of the non-normative caregiving experiences of these military connected youth.

Theoretically, this study supports a multidimensional model of youths' non-normative caregiving behaviors (Hooper & Wallace, 2010; Jurkovic et al. 2001). This study also challenges the use of instrumental caregiving and emotional caregiving as the dimensions with which to describe youth's non-normative caregiving behaviors. To describe something as instrumental is to suggest that the activity serves as a means [to an end]; and to describe something as emotional is to suggest that the activity is related to thoughts, feelings, behavioral responses, and a degree of pleasure or displeasure. While conceptually accurate, in that youth may perform activities that are instrumental and/or emotional, youths non-normative caregiving is more complicated. Describing youth's caregiving experiences according to shared qualities or characteristics incorporates both the type of activities youth may perform as well as the circumstances that promote and maintain youths' performances of adultlike roles and responsibilities. For example, when we consider non-normative caregiving types like Parentification, Adultification, or Role Reversal we are reminded that these types or variations on youths caregiving were conceptualized first by the intent of the activity from punishment and skewed obligation on behalf of the parent to obligation on behalf of the child (Bowlby, 1988; Main, Kaplan, & Cassidy, 1985; Morris & Gould, 1963; Spinetta & Rigler, 1972). Additionally, that these conceptualizations evolved to include provoking circumstances like parental unavailable and absence (Burton, 2007; Reed, Bell, & Edwards, 2011; Lester & Bursch, 2011), precocious knowledge (Burton, 2007), disproportionate (East, 2010), ongoing or time-consuming family assistance activities typically expected of adults (Armstrong-Carter, Olson, & Telzer, 2019).

It is not enough to say that youth perform different types of caregiving activities especially since there is a distinction in the experiences of young carers and youth who perform caregiving activities that resemble colloquial chores. It may still not even be enough to say that youth's

performance of adultlike roles and responsibilities falls into different types. Even if caregiving types - when clearly defined - provide a more comprehensive context from which to examine youth caregiving as it relates to developmental risk (Chase, 1999; Hooper & Wallace, 2009), enduring patterns (Becker, 2007; Olson, 2017) or in which to examine community norms (Telzer & Fuligni, 2009), family functioning (Garber, 2011; Hooper, 2007; Kerig, 2005; Marotta, 2003) and racial, ethnic, gendered, or economic diversity (Burton, 2007; Kam & Lazarevic, 2014; Telzer & Fuligni, 2009). The high correlations between the latent factors of caregiving types observed in the present study may raise concerns about multicollinearity but also suggest a promising avenue for future directions. First, distinguishing between youths normative and non-normative caregiving behaviors may be more accessible by considering the developmental and demographic characteristics of the caregiver and then by considering that why, when, and what non-normative caregiving occur are questions situated on spectrum of emotional burden from Adultification to Role Reversal that exists at the intersection of expectation, obligation, and family circumstance within bioecological and sociocultural systems of the caregiver and family unit. Second, that for whom the caregiving burden is risky or adaptive, may depend on bioecological and sociocultural systems in addition to the caregiving type(s) which include the activity, intention, and quantity of behaviors, and importantly on how youths perceive their own caregiving experiences.

Given that the topic of youths' non-normative caregiving experiences is fraught with contextual challenges; setting a precedence to examine the role of perceived unfairness may help untangle youth's non-normative caregiving experiences. Specifically, allowing a degree of Unfairness to be associated with a specific caregiving type may more comprehensively represent our understanding of youths' non-normative caregiving behaviors than either the three-factor or four-factor models provide. By distinguishing different types of non-normative caregiving, the



present study takes a step in unpacking the conceptual inconsistencies in describing youth's caregiving experiences though more work remains

The second aim of the present study was to examine the relationship between each type of non-normative caregiving behavior and youths' socio-emotional wellbeing, defined here as Global Self-Worth and Social Competence. Instrumental caregiving activities, for example, have been considered by many to be less harmful than emotional caregiving activities (Byng-Hall 2002, 2008; Jurkovic 1997). Furthermore, caregiving activities absent an emotional component coincide with the conventional belief that performing instrumental caregiving behaviors for a person's family of origin are analogous to a rite of passage to adulthood. Consistent with this rationale, I hypothesized that when youths' caregiving behaviors were absent expressive caregiving, they would be positively associated with socio-emotional wellbeing (Hooper, 2007b, 2008). Specifically, because the non-normative caregiving categories of Parentification and Role Reversal are theoretically conceptualized to have characteristics of emotional caregiving, I predicted that these caregiving categories would be negatively associated with later wellbeing, and that Adultification would be positively associated with later wellbeing.

As I expected, Parentification and Role Reversal were negatively associated with later Global Self-Worth and Social Competence. Interestingly, the proportion of variance explained by the non-normative caregiving behaviors was larger regarding feelings of Global Self-Worth than social competence. It may be that generalized feelings of self-worth, which are not specific to a situation, are more reliably associated with caregiving experiences than social competence which involves youth having social, emotional, cognitive, and behavioral mechanisms to adapt to a given social environment or engagement. It may also be the case that it is harder to delineate internalizing behaviors like Social Competence or complex non-normative caregiving behaviors like Role

Reversal. While the R-squared is an intuitive measure for the strength of the relationship between Role Reversal and Social Competence it does not prove the entire story nor a formal hypothesis test. Given that this model did result in significant path coefficients, valuable information related to the mean change in the response for one unit of change in the predictor while holding other predictors in the model constant is still valuable information about non-normative caregiving regardless of the R-squared. It is also possible that the mechanisms that underlay Social Competence and Global Self-Worth were influenced by the degree, duration, or novelty of the caregiving activity, which may have predisposed youth to view their caregiving experiences in particular ways.

Contrary to my expectations and prior research (see Chase 1999; Jurkovic et al. 2001a), Hypothesis 3 was not supported by the data in the present study. Adulthood was negatively rather than positively associated with later socio-emotional wellbeing. The main effect relationship between Adulthood and Social Competence was the only non-significant association out of the six Aim 2 models. These results suggest that while non-normative caregiving behaviors may be associated with youths' socio-emotional well-being, how these behaviors are associated may depend on the type of outcome. More research is needed to determine whether these effects differ when the caregiving behaviors are related to or independent from each other. Future research should also extend outcomes of investigation beyond social competence to parent-child or sibling relations. Doing so may allow for further scrutiny for caregiver-care recipient dynamics which may directly influence the types of caregiving activities that youth report performing or the caregiving activities for which youth harbor ill-will. It may also be the case that these models are incomplete. Future research could also benefit from understanding youths' caregiving histories;

that is how the caregiving experiences compare before, during, and after instances of parental unavailability or absence.

In addressing implications for mental health research, Hooper (2007) speculated that the association between non-normative caregiving and socio-emotional wellbeing may be conditioned by efforts from adult figures to recognize and reward youth's caregiving contributions. Aim 3 of the present study addressed this call to action by examining the extent to which Unfairness moderated the strength or direction of the relationships between each non-normative caregiving behavior and youths' socio-emotional wellbeing. Interestingly, while the hypothesized direct effects of Adultification on socio-emotional wellbeing did not emerge in the present study, it was this association where a significant interaction effect was observed. The results supported Hooper's supposition that self-reported Adultification is associated with higher levels of self-reported Global Self-Worth and Social Competence only when perceived unfairness was low. Interaction effects were also observed in the association between the other non-normative caregiving behaviors and socio-emotional wellbeing.

Instrumental caregiving activities have long been considered part of normative development and frequently associated with positive long-term effects in socio-emotional wellbeing (Longest & Shanahan, 2007; McMahon & Luthar, 2007; Staff, Schulenberg, & Bachman, 2010). However, depending on the family context, youth's performance of instrumental activities may be considered "out of sync" with normative expectations for youths' caregiving behaviors. For example, there is a difference between doing your own laundry, a normative activity for youth to perform; and doing your families laundry, a nonnormative caregiving behavior for youth. Concurrent with other research on youths nonnormative caregiving behaviors, the results of the present study suggest that same instrumental caregiving behaviors seen as beneficial by

mainstream culture may also be adaptive or supportive of general wellbeing in “non-normative” socio-cultural family contexts. Furthermore, youth are present actors in their caregiving experiences wherein their own perceptions shape how they interpret the world and subsequently their socio-emotional wellbeing.

I speculate that because Adultification is conceptually the least complex non-normative caregiving behavior, that is, it most closely resembles the caregiving activities that characterize typical chores, the role of Unfairness may be more straightforward. For example, instrumental caregiving activities like cooking, caregiving for a pet, or cleaning the house have a certain simplicity (e.g. you either cooked dinner or you did not) that allows the performer to easily assess the level of equity or fairness in their caregiving experiences. Considering the similarities between the caregiving activities that characterize Adultification and “chores”, the caregiving acts themselves may serve to scaffold the responsibility and awareness that many parents and educators hope accompany adolescence and emerging adulthood. These results again challenge the inherent presumption of non-normativity as it extends to the adaptiveness of youths’ non-normative caregiving behaviors, suggesting instead that only when accompanied by Unfairness is Adultification problematic.

Erring on the side of caution, effects of multicollinearity may help explain why some Aim 3 models had significant interactions and non-significant main effects. More research is needed to help clarify these effects. That being said, the results suggest that the role Unfairness plays in the associations between youth outcomes and Parentification and Role Reversal changes based on the level of non-normative caregiving. I suspect that these associations are in part related to the emotional complexities of the caregiving categories and Unfairness. For example, if Adultification is the most basic non-normative caregiving category, then Parentification increases the complexity

of the caregiving behavior with the additional of emotional caregiving activities to the already present instrumental caregiving activities. Role reversal adds an additional layer of caregiving complexity, where the caregiver has enduring responsibility for another person.

I postulate that each type of non-normative caregiving behavior is uniquely associated with a “conflict of loyalties”, an early description of youths’ non-normative caregiving activities which commit the individual to their family but also inhibit autonomy (Boszormenyi-Nagy & Spark, 1973). For example, for adolescent whose parent is preparing for a deployment [or other planned transition of parental absence or unavailability] the performance of some instrumental activities like taking out the trash or doing yardwork may be expected. Statistically controlling for youth’s appraisal of the absence itself, when “it seems like family members are always bringing me their problems” youth may feel like they meet a need or deficit within the family system. In this scenario, feelings of social competence or self-worth may be amplified via a sense of satisfaction. This hypothesis is partially supported by core dimensions of self-determination theory (Deci & Ryan, 2008) which posits that individuals’ fundamental psychological needs for autonomy, competence, and relatedness support their need to have some control over the work (caregiving activities) that they do. If however, youth become a surrogate sounding board for the present parent or family mediator the same caregiving appraisal, where “seems like family members are always bringing me their problems” feeling like a pawns amidst instability in the family system or like ones emotional needs are not getting met or taken into account by family members may instead result in more negative socio-emotional wellbeing as a result of things like compassion fatigue.

Given critiques that popular instruments inaccurately capture the “complexities of non-normative caregiving behaviors as outlined by Boszormenyi-Nagy and Spark (1973),” (Earley & Cushway, 2002, p.173), the present study is a first step in understanding the conditional effect of

Unfairness on the association between types of non-normative caregiving and socio-emotional wellbeing. Future research would benefit from a more nuanced measure of unfairness

### **Limitations**

While informative, the findings of this study are preliminary and should be considered in relation to the following limitations. First, there were 83 participants in the sample which both limited the analyses and raise concerns that the observed results, specifically the obtained factor structure, may not be as stable as they could be in a larger sample (Jackson, Voth, & Frey, 2013; Kyriazos, 2018; Pruzek, & Boomsma, 1984). That being said, rules of thumb may inappropriately or inaccurately compliment a specific model (Schmitt, 2011; Wolf, Harrington, Clark, & Miller, 2013) and should be used cautiously (Jackson, Voth, & Frey, 2013; MacCallum, Widaman, Zhang, & Hong, 1999).

Second, one premise of the present study was to re-specify subscale components of initially correlated subscales. High correlations among the latent variables may have resulted in a level of collinearity which could compromise the stability and interpretation of some regression coefficients (Crandall, Preacher, Bovaird, Card, & Little, 2012) with major impacts on their standard errors (Pedhazur, 1982). The inclusion of five indicators which while not present in early models and reflective of experiences of military connected individual and youth participants; may have resulted in measurement error related to certain questions pulling together. Future research could benefit from explicitly examining the factor structure of the four-factor model. Lastly, allowing for the empirical examination of different types of non-normative caregiving via adaptations to established conventions has a certain utility.

Third, the current study delimited the examination of global self-worth and social competence as indices of socio-emotional wellbeing. To address a gap in the literature the present

study deliberately excluded indicators of psychopathology. That being said, future research could benefit from examining a spectrum of socio-emotional wellbeing in the same sample. Examining general distress and depression as well as resilience or self-efficacy for example, may provide evidence of the differential effects of non-normative caregiving types on youths current and future socio-emotional wellbeing.

Fourth, the characteristics of the sample also represents a limitation of the study. The study of human development has been largely based on research and theory from middle-class communities in Europe and North America; but is often assumed to generalize to all people. While the study does attempt to diverge from this trend, by using a sample of National Guard youth, presumably at the intersection of military and civilian socio-cultural contexts, as an example of how diverse socio-cultural communities may differ fundamentally on their expectations for youth's caregiving behaviors and ultimately providing insight into distinguishable types of caregiving behaviors and the differential influence of perceived unfairness. The sample was a relatively homogeneous white population living in the Midwest United States at the time of data collection. Future research should employ strategies to yield larger and more diverse samples within socio-cultural contexts of interests to more thoroughly analyses variations in youth's caregiving experiences by race, gender, and socioeconomic status.

The present study also assumed a level of accuracy and validity in youths report of their caregiving experiences. That being said, self-reports of caregiving experiences may be more important than the accuracy of the caregiving behaviors actually performed; future research should consider a multiple reporter design to obtain a more holistic view of youths' caregiving behaviors. A multiple-reporter design would also allow researchers to assess the effects of continuities and discontinuities in youth's caregiving behaviors on perceived unfairness and in the association

between youth's performance of different types of caregiving behavior and youth's socio-emotional wellbeing.

Lastly, conceptual differences in youth's caregiving experiences wherein minority family socio-cultural contexts characterized by parental unavailability and/or absence are frequently associated with "out of sync" or overwhelmingly maladaptive youth caregiving experiences is also a limitation of the current work. Where this study used "non-normative and normative" to illustrate parallels in youths caregiving experiences in the context of parental unavailability and absence, other labeling mechanisms like filial responsibility, which is often attributed to the care older children provide aging adults, seem equally imprecise in articulating youth's caregiving experiences within and between socio-cultural contexts. In exploring the complexities of youths' performance of adultlike roles and responsibilities, to include the rationalizations that youth make about their caregiving experiences, the meaning of youths caregiving to the family system, cultural expectations of caregiving by youths developmental age, chronological age, and gender; future research should also explore other labeling mechanisms. Consistency and clarity in the language used to articulate youth's caregiving experiences is likely just as important to understanding youth's socio-emotional wellbeing as the range of caregiving behaviors youth perform and their perception of unfairness.

### **Implications**

Despite the additional demands that military service may place on individuals and families, the majority of military connected individuals function well (Bowen & Martin, 2011; Lester & Bursch, 2011). However, for some military families, the strains of parental absence and/or unavailability may be associated with youth's performance of adultlike roles and responsibilities



(Chandra et al., 2011; Cozza & Guimond, 2011; Gorman, Fitzgerald, & Blow, 2010; Saltzman et al., 2011).

Unique to the military context of non-normative role behaviors is the willful acceptance that dependent youth “grow up quickly” to accommodate transformations of the family system (Hooper et al., 2014). In fact, studies have been associating the management of non-normative role behaviors with military dependents dating back to 1988. These studies describe instances where youth may feel an obligation to providing emotional caregiving to a parent or where they “feel like the man of the house” (Amen, Jellen, Merves, & Lee, 1988, p. 443; Hooper et al., 2014). By these conceptualizations, dependent youth may model a variety of instrumental and expressive caregiving behaviors to help cushion the impact of military related deployment experiences (Bowen & Martin, 2011; Hooper et al., 2014).

The findings of the present study which advocate for distinguishable types of youths’ caregiving behaviors also give rise to other questions about youths’ caregiving experiences. For example, what is the rate of change of expectations for each type of youth’s caregiving behavior in majority and minority socio-cultural contexts? Is there a point in the social, political, or economic climate in which these expectations converge? How do these changes influence youth’s socio-emotional wellbeing? Do adults who experience one or more type of non-normative caregiving as children provide an environment more susceptible to or compatible with those same types of non-normative caregiving to their children? Is this association implicit or explicit? Finally, are the differential effects of non-normative behavior types on socio-emotional wellbeing stable across development?

The present study also suggests that the association between youth’s performance of adultlike roles and responsibilities and their later socio-emotional wellbeing is importantly

conditioned by youths' own perceptions of their caregiving experiences. The present study takes important steps in understanding the roles of unfairness in non-normative caregiving. However unresolved issues specifically related to the roles of perceived unfairness in youth's caregiving contributions to their families also merit consideration. For example, does the role of Unfairness change with the generational transmission of caregiving experiences? What is the conditional effect of caregiving type and activity novelty on youth's perception of unfairness? Or on parents' perceptions of how appropriate youth's caregiving behaviors are? Is there a certain type of unfairness youth experience regarding their caregiving behaviors, which matters most developmentally? If inconsistencies in parent needs, child development, and the caregiving environment present increased risk to the socio-emotional wellbeing of youth who perform certain non-normative caregiving behaviors (Hooper, 2007). Does the presence of perceived unfairness inherently present an additional risk? Or do inconsistencies in the caregiving environment produce different types of perceived inequities which like different types of caregiving behaviors, are differently associated with later socio-emotional wellbeing? For example, when and for whom might emotional inequities (e.g. It often seems that your feelings are not taken into account in my family), instrumental inequities (e.g. it is hard sometimes to keep up in school because of your responsibilities at home) and/or ambiguous inequities (e.g. In your family, you often give more than you receive) matter most.

Future research should also consider the role of family obligation and how perceived unfairness conditions the association between family obligation and non-normative caregiving. Family obligation reflects a sense of duty to support, respect, and aid family members (Fuligni, Tseng & Lam, 1999; Stein, 1992). The expectations about these obligations often serve as a guide to relational dynamics within the family system (Milan, & Wortel, 2015; Fuligni, Tseng & Lam,

1999; Stein, 1992) particularly for youth of racial, and ethnic minorities (e.g., Fuligni et al., 1999; Hughes et al., 2006). Researchers examining family processes might question the potential mediating role of youth's perceptions of their families functioning, or relationship with their present parent and absent parent on the association between socio-cultural contexts that may promote non-normative caregiving and non-normative caregiving. Expanding conceptualizations of unfairness to consider when and in what capacity youth may experience unfairness in their caregiving experiences may be another way to accommodate socio-cultural differences in the expectations of and proclivity for youth's caregiving activities.

## CONCLUSION

Examining the ways in which members of a family unit may contribute to the functioning and maintenance of the family system continues to be an important consideration of empirical research. This is especially true when considering a family's most vulnerable members. Using a sample of National Guard youth, this study has taken several steps toward clarifying the classification of youths' non-normative caregiving experiences and delineating the conditional effects of Unfairness. While this study brings visibility to military connected youth often required to "grow up quickly" to accommodate transformations of the family system (Amen, Jellen, Merves, & Lee, 1988; Bowen & Martin, 2011; Hooper et al., 2014). The non-normative caregiving experiences of youths' in other socio-cultural contexts characterized by parental unavailability or absence such as economically disadvantaged families (Burton, 2007), families connected to parental incarceration (Arditti, Lambert-Shute, & Joest, 2003), or single parent families, still require closer examination. The findings of this study provide context and questions to presumptions of maladaptation within socio-cultural contexts that may foster youth's performance of non-normative caregiving behaviors. Further investigation in this area can delineate ways of successfully intervening in experiences of parental unavailability and absence, to facilitate healthy family functioning and positive youth development.

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